

Witness Statement Ref. No. 008/4

NAME OF CHILD:

Name: Robert Taylor

Title:

Present position and institution:

Previous position and institution:

[Since your Witness Statement of 16th May 2011]

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement of 16th May 2011]

Previous Statements, Depositions and Reports:

[Identify by date and title all those since your Witness Statement of 16th May 2011]

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
011-002	30.11.1995	Draft Statement
011-014	21.06.1996	Deposition of Witness
008/1	18.07.2005	Inquiry Witness Statement
093-038	17.10.2006	Transcript of PSNI interviews
008/2	16.05.2011	Second Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number. If the document does not have such a number then please provide a copy of the document.

I ADDITIONAL QUERIES

- (1) Identify all theatre staff and clinicians who were involved in transferring Adam from theatre to PICU on 27th November 1995.**

Myself, anaesthetic trainee, MTO (Mr Peter Shaw), theatre nurse.

- (2) Describe in detail the process of how Adam was transferred from theatre to PICU. If you cannot recall specifically, describe how a paediatric renal transplant patient would likely/normally have been transferred from theatre to PICU in November 1995.**

I cannot recall specifically the process of transferring Adam. My usual practice would be to use a portable monitor for continuous monitoring of HR, BP, Oxygen saturations and ETCO₂. I would manually ventilate the patient with oxygen for such a short transfer. I would ensure that there were no obstructions along the route to minimise any delays and that all staff were prepared for the transfer. I would bring medical notes along with the patient.

- (3) Identify:**

- (a) the consultant by name and job title**

I cannot identify the consultant.

- (b) the other PICU clinicians (Registrar and SHO) by name and job title and**

I cannot identify the other PICU clinicians

- (c) the nurse/s**

I cannot identify the PICU nurses in PICU to whom the care of Adam was transferred on arrival on 27th November 1995.

- (4) Identify who carried out the handover to the PICU clinician and PICU nurses on arrival on 27th November 1995, and state what information was given, or if you do not recall specifically, what information was likely/normally given, during that handover to :**

- (a) The PICU consultant/clinician**

- (b) The PICU nurses**

About:

- (i) Adam**

- (ii) his renal transplant surgery**

- (iii) the reasons for his failure to breathe spontaneously and his fixed dilated pupils post operatively**

- (iv) Adam's serum sodium concentration**

- (v) Adam's fluids regime during the transplant procedure**

- (vi) the position of the CVP line both during and on completion of the transplant procedure, the CVP readings during the transplant procedure and the explanation for those CVP readings, any concerns relating to the CVP line, whether the CVP line was functioning effectively and reliably**

I would have carried out the handover in PICU but I cannot recall what information was given. It would be my usual practice to give a history of the patient followed by a systematic review of his airway, breathing, circulation, disability and exposure. This would have included sharing the details in the anaesthetic record in relation to the drugs given. The procedures would be described ie, iv, arterial, CVP lines and epidural analgesia. The fluids given and blood loss would be included along with the arterial blood gas results.

(5) Identify who was present during the handover to:

(a) The PICU consultant/clinician

(b) The PICU nurses.

I cannot identify who was present at the handover.

(6) Identify any guidance or protocols in November 1995 relating to the transfer from theatre to PICU of paediatric patients and the handover to PICU staff.

I do not know of any guidance or protocols relating to transfer from theatre.

(7) State whether the position of the CVP line had been adjusted between approximately 11.30 on 27th November 1995 and the transfer of the CVP line to the PICU monitors, and if so, when, how, by whom and identify where this is recorded. If you do not recall specifically, state whether it was likely/normal that the CVP line was adjusted during that period and if so, by whom.

There was no adjustment to the CVP line as it was sutured in place in theatre.

(8) Describe your normal practice for managing a CVP line when admitting a child to PICU from theatre and state how you would ensure that readings were accurate and reliable.

My normal practice is to attach the CVP line to a pressure transducer zero-ed to the mid-axillary line and to confirm its tracing and pressure level. I would ensure an X-Ray was taken to confirm its position.

(9) We refer you to Adam's CVP records in PICU (Ref: 058-008-022, 057-009-010). State whether you regarded the CVP readings in PICU as accurately measuring Adam's CVP levels, and if so, state the reasons why. If not, state why not and what was done, if anything, to remedy any inaccuracy.

I cannot remember if I regarded the CVP readings in PICU. The level is lower than that recorded in theatre which may have indicated a change in Adams position.

(10) At the time of Adam's death and now, state whether there were any guidelines available to staff on the management of CVP lines.

I do not recall if there were any guidelines on the management of CVP lines at the time of Adams death. There are no current guidelines on the management of CVP lines.

(11) After Adam's chest X-ray was performed soon after his arrival in the PICU, state whether you saw this X-ray, and if so, state when. If not, state the reasons why not. State whether you took any action arising from this X-ray, and if so, state what action you took, when you took it and the reasons for this action.

I cannot remember if I saw Adams chest X-ray soon after it was done in PICU. I do not recall taking any action as I already knew that the tip of the CVP was in the neck.

(12) We refer you to the note at Ref: 058-035-138, entered after "120pm" and before the entry relating to the CT scan result, which has been crossed out. State whether you wrote the note which has been crossed out. State whether you crossed out that note, and if so, state why. If not, identify

the person who crossed it out.

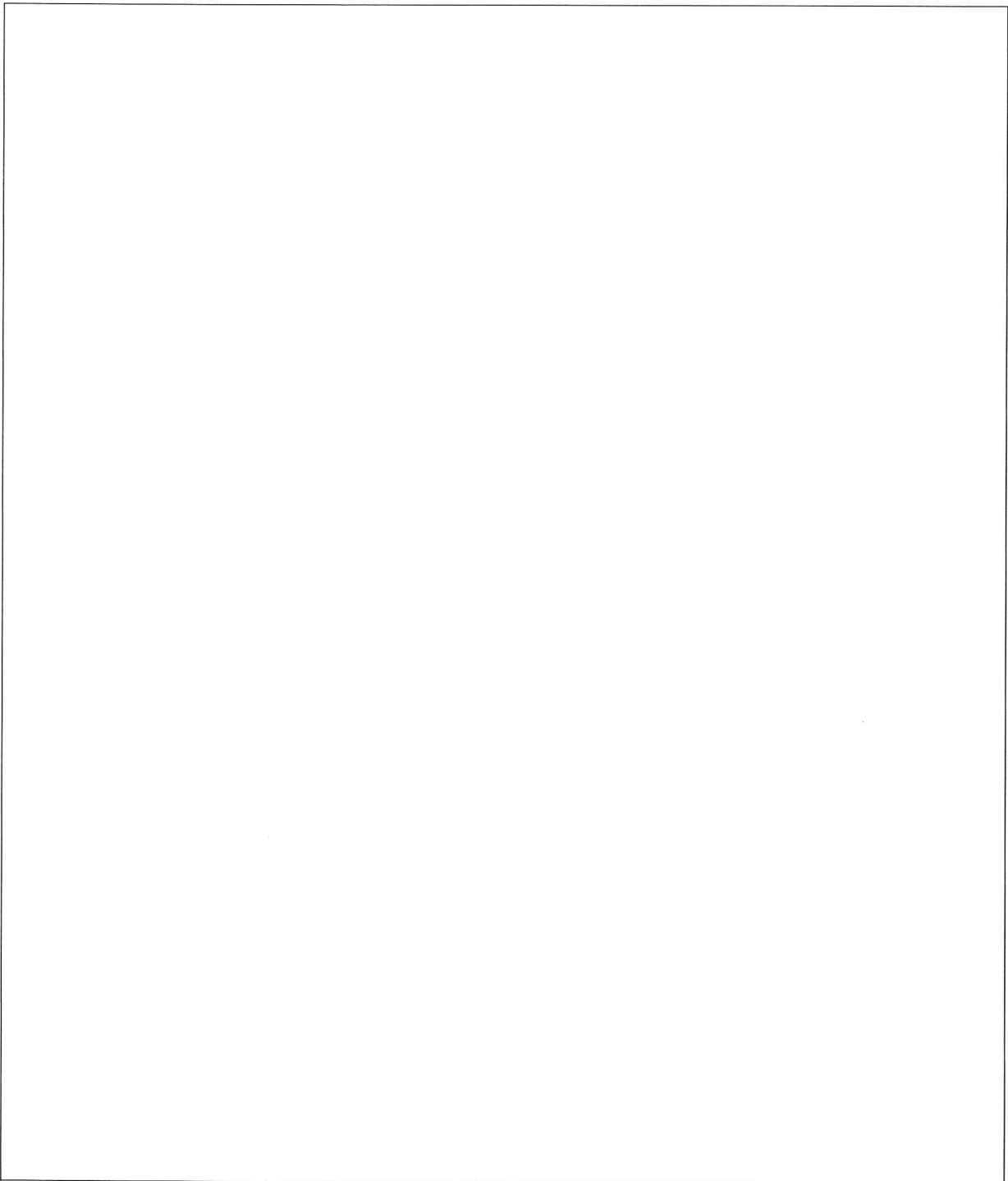
It is not my writing and I do not recognise the handwriting. The entry has not been crossed out but highlighted by a felt pen. I did not do the highlighting and do not know who did.

(13) The last CVP recorded in theatre at 11.20 was about 18 mmHg. (Ref: 058-008-023) After Adam returned to the PICU at 12.05, his CVP was 11 mmHg. (Ref: 058-035-136) State what happened in this intervening time to explain this rapid decrease.

I do not know exactly why the CVP reading changed from 18mmHg to 10-12mmHg. A possible explanation is that his head would have been placed in the mid-line position in PICU so that his neck veins were not "kinked" whereas in theatre his head would have been placed in a slightly rotated position.

(14) State whether you informed Dr. Webb of Adam's serum sodium concentration during and after surgery, and if so, state when and where you so informed him. If not, state the reasons why not.

I cannot remember if I spoke to Dr Webb or what I said to him.



THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:

Dated: 28/9/11