Witness Statement Ref. No. 008/7

NAME OF CHILD: ADAM STRAIN

Name: Robert Taylor

Title: Dr

Present position and institution:
CONSULTANT ANAESTHETIST , BELFAST HSC TRUST

Previous position and institution:
[Since your Witness Statement of 1st February 2012]
AS ABOVE

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement of 1st February 2012]

N/A

Previous Statements, Depositions and Reports:
[Identify by date and title all those since your Witness Statement of 1st February 2012]

N/A

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
008/3	28.09.2011	Third Inquiry Witness Statement
008/4	28.09.2011	Fourth Inquiry Witness Statement
008/5	09.01.2012	Fifth Inquiry Witness Statement
008/6	01.02.2012	Sixth 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 an Inquiry reference number, then please provide a copy of the document attached to your statement.

I ANAESTHETIC RECORD

(1) The Anaesthetic Record (a copy of which is attached) records at Ref: 058-003-005 and Ref: 058-003-008 the administration to Adam of the 'relaxant' Atracurium:

- 07:00 – 10mg
- 07:30 – 10mg
- 08:00 – 10mg
- 08:30 – 5mg
- 09:30 – 10mg

Please explain:

(a) The purpose for which Atracurium was administered to Adam and why that particular drug was used.

Atracurium was a commonly used non-depolarising neuro-muscular blocking drug in 1995 and still is commonly used today. It is short acting, around 20-30 minutes, and does not require renal or hepatic function for its breakdown or elimination, making it suitable for transplant anaesthesia. In brief it is widely used and wears off in a predictable manner.

(b) What determined the dose at which it was administered to Adam, including why it was administered at 10mg at 07:00, 07:30, 08:00 and 09:30 but 5mg at 08:30

The recommended dose is 0.3-0.6 mg/kg. Adam was around 21 kgs so the dose given was within this recommended range. I cannot recall the exact reason for the amount given at each particular time however it would have been for one of the following reasons; Atracurium was administered at the beginning of anaesthesia 07.00 to assist with intubation of the trachea. It was given throughout surgery to prevent unwanted muscle movement especially in the diaphragm or abdominal muscles. This would have assisted the anaesthetist by keeping the chest wall relaxed and thereby easing ventilation and would have assisted the surgeon by improving his view of abdominal contents. As referred to above the drug breaks down in 20-30 minutes so the reason for administration would be based on my clinical judgement or at the request of the surgeon. My aim would have been to ensure appropriate muscle relaxation whilst at the same time giving as little as possible so that the patient could breathe at the end of the operation.

(c) What determined the times at which it was administered to Adam, including why it was administered half-hourly from 07:00 to 08:30 but then not until 09:30

Atracurium is administered at the beginning of anaesthesia to assist with intubation of the trachea this is the 07.00 dose. I don't remember why the subsequent doses were given but the reasons would be to prevent unwanted muscle activity or to assist the surgeon once the surgeon has commenced and with the knowledge of its duration of activity, 20-30 minutes.

I cannot remember why exactly I would not have administered a dose at 09.00 but it was likely to be because there was no unwanted muscle activity and the surgeon did not request it and I therefore did not administer it.

I cannot remember the reason for its administration at 09.30 but I would have been exercising my clinical judgement for any of the reasons I have stated before in this answer.

(d) Why there is no recorded administration of Atracurium to Adam after 09:30

Atracurium would not have been administered at 10.00 or thereafter because I would again have been exercising my clinical judgement. As stated above I would have been trying to give as little Atracurium as possible to improve the patients ability to breathe at the end of the operation.

(e) If there was no further administration of Atracurium to Adam after 09:30, then please provide a full explanation of the reason.

I refer to my answer in (d).

(2) Please also:

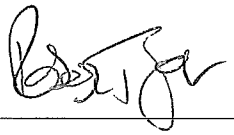
(a) State when the BGE Report at Ref: 058-003-003 was fixed to the Anaesthetic Record

Given the passage of time I cannot recall specifically when this was attached to the anaesthetic record. My normal practice is to stick it onto the anaesthetic record when it is received.

(b) Identify the person (by position/role if you do not know the name) who was responsible for fixing it to the Anaesthetic Record

I do not recall who attached the BGE report. It would normally be the responsibility of the Consultant or trainee anaesthetist who received that report.

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

Signed:  **Dated:** 1/3/12