

NAME OF CHILD: Adam Strain

Name: Terence Montague

Title: Dr

Present position and institution:

Consultant in Anaesthesia and Intensive Care, Our Lady's Children's Hospital, Crumlin, Dublin 12

Previous position and institution:

[Since your Witness Statement of 4th April 2011]

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement of 4th April 2011]

Previous Statements, Depositions and Reports:

[Identify by date and title all those since your Witness Statement of 4th April 2011]

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
093-037	30.11.2007	PSNI Statement
009/1	04.04.2011	Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

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 QUERIES ARISING OUT OF YOUR INITIAL WITNESS STATEMENT

With reference to your witness statement dated 4th April 2011, please provide clarification and/or further information in respect of the following:

(1) Answer to Question 2(b) at p.4:

"I only became aware that Adam was in the hospital when I received a call [from] one of the ward doctors. I had no knowledge of his previous treatment or medication."

(a) State whether you had read Adam's patient notes prior to commencing the anaesthetic.
No I did not read Adam's notes before the anaesthetic commenced.

(b) If you did, please: (i) explain from where you obtained the notes; (ii) identify the notes that you read; (iii) state when you read them and your reason for doing so; (iv) state whether you discussed their contents with anyone and if so, with whom, when, where and to what end.

(2) Answer to Question 3(d) at p.5:

"I believe Dr Taylor intended to establish intravenous access when Adam was anaesthetised. I do not recall any discussion about blood sample or any discussion with me about visiting the ward. It was customary in RBHSC for all patients to be reviewed on the ward by one of the anaesthetic team."

(a) State whether Adam was "reviewed on the ward by one of the anaesthetic team" before surgery, and if so, identify the person who reviewed Adam and state when that review took place. If not, state why he was not reviewed.

I did not see Adam on the ward. I cannot say with certainty if he was reviewed by Dr Taylor, but my memory is that Dr Taylor did see Adam on the ward just before Adam came to the theatre.

(b) State who formulated the plan for Adam's anaesthetic management and whether you played any role in its formulation. If so, state what role you played and when you made your contribution.

I had never taken care of a child undergoing a renal transplant before and so Dr Taylor would have made the management plan.

(3) Answer to Question 4(a) at p.6:

"I arrived in theatre before Adam and his mother arrived. Medications and equipment were prepared".

- (a) State if you met Adam's mother immediately prior to Adam being anaesthetised. If so, state: (i) who else was there; (ii) what was said to Adam's mother about the operation / anaesthesia and by whom.

I saw Adam's mother coming into theatre with Adam. I did not go into to the theatre until after Adam had gone to sleep. I never spoke to his mother and am not aware of what was discussed with her about the operation. I don't know who accompanied her to the theatre but it was customary for a ward nurse to accompany the mother and the patient.

- (b) State what examination was made of Adam and by whom.

As I said above, I think that Dr Taylor saw and assessed Adam pre-operatively.

- (c) State where Adam's mother was when Adam's anaesthesia was commenced.

Adam's mother was in the theatre with him when anaesthesia was commenced.

- (d) Specify the medications that you prepared.

The medications used for Adam's anaesthesia are a matter of public record. It is likely that I was involved in their preparation but I cannot specify which agent I personally prepared.

- (e) Identify any equipment that you prepared and describe what you did.

Either Dr Taylor or I prepared an endotracheal tube, but I cannot specify which of us actually prepared it.

- (f) State whether the operating theatre equipment was checked prior to the operation, and if so, state who checked it.

I cannot provide accurate details about this after such a long time. It was customary for either the medical technician or the anaesthetist or sometimes both to check the anaesthetic machine.

- (4) Answer to Question 4(a) at p.6:

"I assisted Dr Taylor with Adam's anaesthetic. After he was anaesthetised I sited the epidural used for post operative pain management and tried to help Dr Taylor with the procedures he was undertaking. I remember that he sited the central line. I don't recall which one of us intubated Adam, or sited the arterial line or the peripheral lines."

- (a) Describe and explain what you did to assist Dr. Taylor after Adam was anaesthetised and the epidural, central line, arterial and peripheral lines were sited and Adam was intubated.

In so far as I can clearly recall I left not long after this.

- (5) Answer to Question 4(a) at p.6:

"I don't recall the exact time that I left. I was told I could go home some time after Adam had his lines and epidural sited. The surgery had started but the kidney had not been transplanted."

- (a) Prior to your departure from theatre, state who had responsibility in the operating theatre for monitoring Adam's vital signs.

Dr Taylor and myself.

- (b) State if you discussed Adam's vital signs with Dr Taylor at any time during surgery, and

if so, when you discussed them and what was the result of that discussion.
I don't remember any details of any possible discussion that we may have had.

- (c) State if there were any times between 07:00 and 09:00 that you were available to leave the operating theatre to take a blood sample to a blood gas machine to be tested, or to arrange for a blood sample to be taken to the laboratory.

At the start of the case the priority was the siting of lines and the epidural. It was difficult to site the CVP line. It may have been possible to send bloods during this time but as far as I recall our main focus up until the time that I left was the tasks that I have described.

- (d) State the practice at the Royal Belfast Hospital for Sick Children (RBHSC) at the time regarding the use of blood gas machines to analyse blood sodium levels. State whether you were given any guidance at the RBHSC on the accuracy of a sodium serum result from those machines. If so, state when, by whom and provide the details.

The machine was used principally to check blood gases of patients in ICU. I have no recollection of any reference to the accuracy of the sodium estimations by that machine.

- (e) State if you were present in theatre: (i) towards the end of the second hour of anaesthesia; (ii) when the third bag of 0.18 NaCl/4% Glucose was erected at about 08:43.

I don't recall if I was present or not. I think I am likely to have left around 08.30 when the anaesthetic registrars would have started their normal day.

- (f) State if you were aware of Adam's blood loss during surgery, and if so: (i) explain your views regarding his blood loss, and (ii) state whether you took any action in relation to that loss.

No I was not present at that time.

- (6) Answer to Question 4(a) at p.6:

"Dr Taylor sent me home at this time as my period of duty had ended. I had been resident in the hospital for approximately 24 hours at this time. I had helped him get the case started. He no longer required my help. There would have been some of the other anaesthetic registrars starting work in theatres in RBHSC at approximately 08.30 and one of those registrars would have been available to assist Dr Taylor."

- (a) State if you left theatre at any point between your arrival in the theatre suite and your departure at the end of your period of duty. If so, explain when and the reason for doing so.

I don't think I left the theatre until my duty period had finished.

- (b) State if you 'handed over' to an anaesthetic registrar. If so: (i) state the time at which you did so, (ii) identify the anaesthetic registrar, and (iii) state what you informed that person on 'hand-over'.

As Dr Taylor was continuing to manage this case I think I would have given a brief summary to the in-coming registrar. I don't know which registrar replaced me.

- (7) Answer to Question 5(a) at p.7:

"I only became aware of the impending transplant some time after midnight. I don't remember the exact time. I was called by one of the ward doctors who was having great difficulty siting

an intravenous line. I do not know the identity of the doctor who called me. This doctor informed me that Adam was being prepared for a transplant operation, scheduled to commence early in the morning. This was the only contact made with me about Adam's transplant. As the transplant was starting early in the morning, before the usual start time for the other anaesthetists, it was agreed between Dr Taylor and myself that I would help him with this case. I also wanted to be involved as I had never looked after a child having a renal transplant before - I was interested in Paediatric Anaesthesia and was in RBHSC for training and experience."

(a) State what (and when) you were informed was the scheduled start time of anaesthesia for Adam's transplant.

I don't know when I was told and at this point I don't know what start time was given to me.

(b) State whether you agreed to assist Dr. Taylor with Adam's case for a particular period of time or to a particular point in the surgical procedure. If so, state for what period of time or until what point in the surgery you agreed to remain in theatre and assist Dr. Taylor.

There was no specific period agreed. I assumed that I would be there until the new registrars arrived around 08.30 as per normal practice.

(c) State whether you were aware of the cold ischemic time of the donor kidney. If so, explain how and state: (i) whether you discussed it; (ii) with whom; (iii) when; and (iii) to what end.

I was not aware of this.

(8) Answer to Question 6(b) at p.8:

"I do not recall having any discussion about fluid management for Adam with Dr Taylor."

(a) State whether you assisted with or were involved in: (i) calculation of any fluid deficit, maintenance rate or blood volume in the anaesthetic record; (ii) monitoring and discussing Adam's vital signs; (iii) re-assessing Adam's fluids on a continuing basis; (iv) re-assessing all aspects of the anaesthetic; (v) discussing the administration of fluid/fluid planning. If so, provide the details of that involvement.

I think it is likely that Dr Taylor and I had some discussion about fluid management as Adam had polyuric renal failure and had not received intravenous fluids due to the difficulties with access on the ward. However as it is so long ago I do not recall the details of our discussions or calculations.

(9) Answer to Question 8(b) at p.9:

"I do not remember any discussion about the CVP catheter tip or the accuracy of the CVP reading. I recall that it was difficult to site the CVP catheter, as I understood that Adam had undergone previous surgery to his neck veins."

(a) State if you did anything in reaction to the CVP readings. If so, state what you did and when.

I don't remember the nature of any discussion regarding the CVP.

(b) State the source of your knowledge for your statement *"I understood that Adam had undergone previous surgery to his neck veins"*.

As far as I can recall Dr Taylor noted that Adam had undergone surgery to his neck veins in the past (and that some of these veins had been ligated), which probably accounted for the difficulty siting a CVP line.

(10) Answer to Question 11(b) at p.10:

"I estimate that I anaesthetised between 500 and 600 children under 6 years old. It is impossible for me to give an accurate number."

(a) Please confirm the hospital/s and period of time over which you *"anaesthetised between 500 and 600 children under 6 years old"* prior to 26 November 1995.

I estimated between 500 and 600 children while working in the following hospitals:

August 1990 - July 1991 Belfast City Hospital

August 1991 - July 1993 The Ulster Hospital, Dundonald

August 1993 - July 1994 Altnagelvin Area Hospital, Derry

August 1994 - July 1995 Research Fellow in Queen's University Belfast with limited clinical time in The Royal Belfast Hospital for Sick Children and The Ulster Hospital, Dundonald.

I must emphasise that this is an estimate, but on further consideration I may have over-estimated specifically the number of children under 6 years old. It is difficult for me to be certain about this.

(11) Answer to Question 15(d) at p.11:

"Because of Adam's death I would have a much greater awareness of the risks of Hyponatraemia and place emphasis on this when teaching about fluid management."

(a) State whether you were involved, after Adam's death, in internal reviews of his anaesthetic and pre-operative management. If so, state when these took place, who attended them and what was discussed. If not, explain why you were not.

I was not involved or asked to contribute to any reviews following Adam's death. I had some awareness that meetings took place but I don't know if there was a specific formal review process in place in the hospital at this time. It may have been possible that it wasn't considered necessary to involve myself in addition to Dr Taylor as he was the consultant in charge.

(b) State when and how you first learned about the Coroner's Inquest into Adam's death.

I learned about the Coroner's Inquest from Dr Taylor after he had attended it.

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

Signed: *Terence MonBoyre*

Dated: *22/7/11*