

Witness Statement Ref. No.

010/3

NAME OF CHILD: Adam Strain

Name: Gillian Popplestone

Title: STAFF NURSE

Present position and institution:

STAFF NURSE WOMAN + CHILD HEALTH DIRECTORATE ULSTER HOSPITAL
DUNDAWALD.

Previous position(s) and institution(s):

[Since your Witness Statement received 9th September 2011]

None.

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement received 9th September 2011]

None.

Other Statements, Depositions and Reports:

[Identify by date and title all those since your Witness Statement received 9th September 2011]

None.

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
010/1	31.01.06	Witness Statement to the Inquiry on Hyponatraemia
093-012	31.01.06	PSNI Witness Statement
010/2	09-09-11 (Date of receipt)	Second Witness Statement to the Inquiry on Hyponatraemia

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 QUERIES ARISING OUT OF YOUR PSNI WITNESS STATEMENT

With reference to your PSNI Witness Statement dated 31st January 2006 (Ref:093-012-039), please provide clarification and/or further information in respect of the following:

(1) *"At about midday Adam was transferred to the Paediatric Intensive Care Unit."*

(a) Identify the theatre staff and clinicians who were involved in transferring Adam from theatre to PICU on 27th November 1995. If you do not recall specifically whether you were involved in this transfer to PICU, state whether this was normally/likely part of your role as theatre staff and whether you were normally/likely accompanied in this transfer, and if so, by whom. If you were not normally/likely involved in the transfer to PICU, or you cannot recall which theatre staff and clinicians were involved in that transfer, identify which of the theatre staff and clinicians would normally have been involved in transferring the patient to PICU and whether they would normally/likely have been accompanied, and if so, state by whom.

I do not recall the specific theatre staff and clinicians who were involved in transferring Adam to PICU from theatre on 27th November 1995. I do not recall being involved and as scrub nurse this was not normally part of my role. It was normally the anaesthetists and ODAs who accompanied the patient to PICU.

(b) 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 was not as I recall involved in the transfer. This was the first and only transplant I was involved with and I do not recall any specific procedure for the transfer of a paediatric renal transplant patient to PICU.

(c) State whether you would normally/likely have remained in PICU to assist with the transfer of the lines to the PICU monitors as part of your role as theatre staff.

In other surgical cases, as far as I recall I would not normally have remained in PICU to assist with the transfer of lines to PICU monitors.

(d) Identify the consultant and nurse/s in PICU to whom the care of Adam was transferred on arrival on 27th November 1995.

I cannot identify these individuals as I do not recall being involved in the transfer of Adam from theatre to PICU.

(e) Identify who carried out, or if you do not recall, who would normally/likely carry 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 :

(i) The PICU consultant/clinician

(ii) The PICU nurses

About:

- Adam
- his renal transplant surgery
- the reasons for his failure to breathe spontaneously and his fixed dilated pupils post operatively
- Adam's serum sodium concentration
- Adam's fluids regime during the transplant procedure
- 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

and state where that information is recorded.

The anaesthetists and the ODA's would normally handover to the PICU staff. I do not recall being involved in the handover, and as I had never been involved in a renal transplant before I do not know what specific information re Adam's transplant and condition would have been given to the PICU staff.

- (f) 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 recall any guidelines or protocols relating to the transfer of paediatric patients from theatre to PICU and the handover to PICU staff.

- (g) 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.**

I had no knowledge of the CVP line. This was outside my area of practice, knowledge and responsibility.

- (h) State what would have been your normal practice for managing a CVP line when admitting a child to PICU from theatre and how would you ensure that readings were accurate and reliable.**

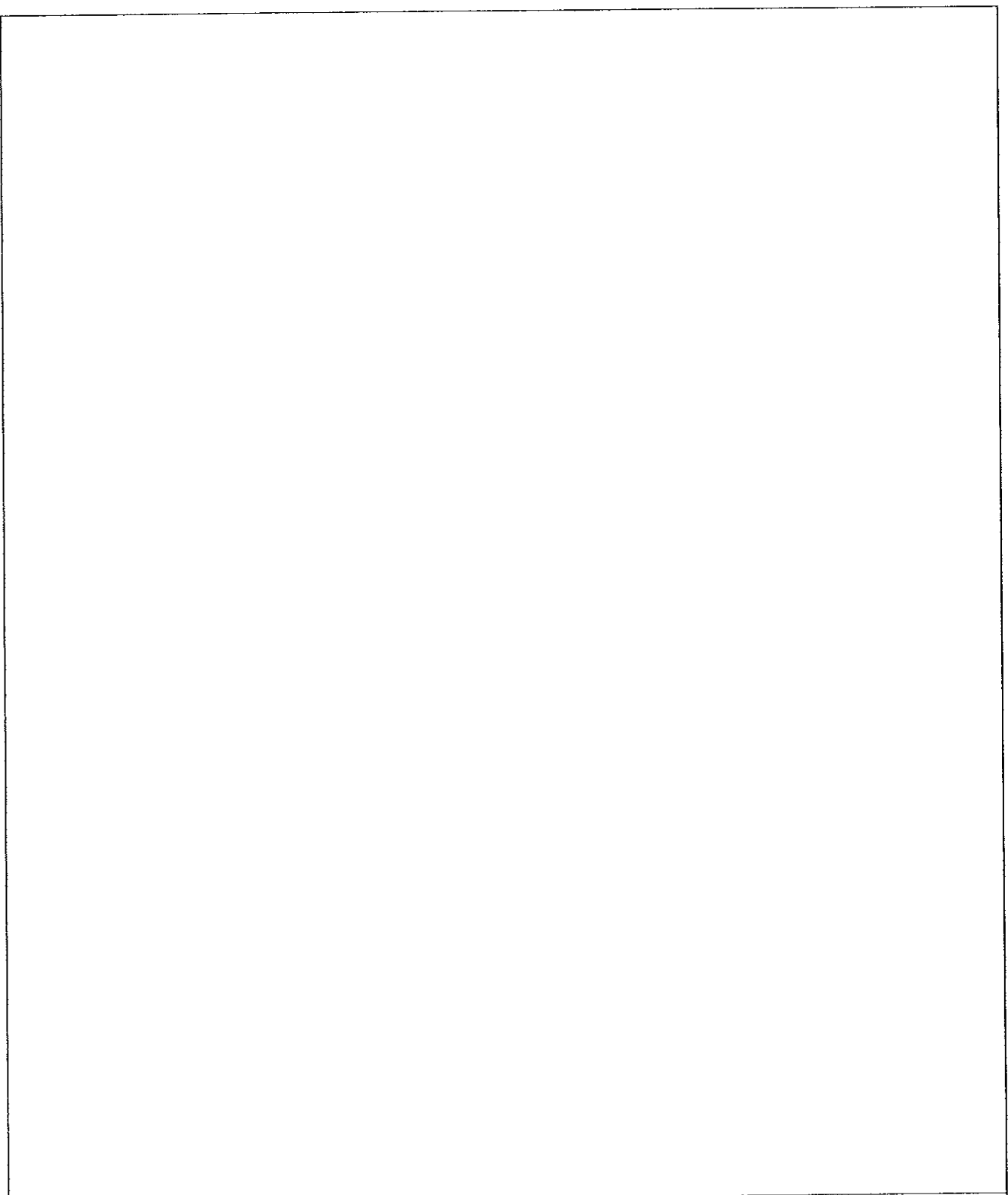
Care of CVP lines was outside my area of practice, knowledge and responsibility.

- (i) We refer to you to Adam's CVP records in PICU (Ref: 058-008-022, 057-009-010). State whether you regarded the CVP readings 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.**

CVP readings were outside my area of practice, knowledge and responsibility.

- (j) State at the time of Adam's death and now, were/are there any guidelines available to staff on the management of CVP lines, and if so, please identify them.**

I do not know if there were any guidelines then or now. Care of CVP lines was outside my area of practice, knowledge and responsibility.



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

Signed: *S. R. Popplestone* .

Dated: 27/9/2011