Witness Statement Ref. No. 014/4

NAME OF CHILD:

Name: Mary O'Connor

Title: Dr

Present position and institution:

Consultant Paediatric Nephrologist, Royal Belfast Hospital for Sick Children, 180 Falls Road, Belfast, BT12 6BE

Previous position and institution:
[Since your Witness Statement of 11th April 2011]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement of 11th April 2011]

Previous Statements, Depositions and Reports:
[Identify by date and title all those since your Witness Statement of 11th April 2011]

OFFICIAL USE:
List of previous statements, depositions and reports:

Ref:	Date:	
014/1	19.07.2005	Inquiry Witness Statement
093-020	12.04.2006	PSNI Witness Statement
014/2	11.04.2011	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) State whether you were involved in transferring Adam from theatre to PICU on 27th November 1995 and identify the other theatre staff and clinicians who were also involved in that transfer. 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 a nephrologist and whether you were normally/likely accompanied in this transfer, and if so, by whom.

My recollections regarding Adam's transfer are not very clear. I think I was bleeped urgently to theatre and met Adam and the transferring team in the midst of the short journey from theatre to Intensive Care. I recall Dr Taylor being present. There would have been other staff present but I do not recall who they were. The transfer process from theatre to PICU was not part of my role as a Nephrologist.

(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 do not recall specific details about Adam's transfer from theatre to PICU. A transplant patient would usually be well enough to be extubated in theatre and then be transferred to Intensive Care Unit by the anaesthetist and theatre nurses. The medical technician would often be available to organise the monitoring instruments which measure values such as blood pressure and CVP. A handover would normally take place between the anaesthetist and the PICU medical and nursing teams and a handover also would normally take place between theatre nurses and intensive care nurses. A Nephrologist would be available immediately on transfer of the patient to Intensive Care to advise regarding management of fluid replacement and drugs.

In Adam's case he was not well enough to be extubated in theatre and would have been ventilated, probably by a manual bag and mask, for the transfer process.

(3) Identify:

(a) the consultant by name and job title

I do not recall which Anaesthetic Consultant was available in PICU at the time of Adam's transfer. I recall that Dr Taylor was present during and after the transfer.

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

I do not recall what other PICU clinicians were present.

(c) the nurse/s

I do not recall which nurse/s were present

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

I do not recall specifically the handover process. It was likely that information would have been given about Adam's past medical history, the transplant surgery, about what fluids and drugs were given during the surgery, about any urine output post transplantation and about the fact that his pupils were fixed and dilated which indicated likely severe cerebral oedema. A request would have been made for urgent serum electrolytes to be checked. I do not recall any discussion about Adam's serum sodium concentration until the laboratory result became available after transfer. It is likely that during the handover there was discussion about what the CVP values had been during theatre, but I do not recall the precise details of this discussion. My prescription on the fluid balance chart (057-018-027) made at 12.00 records the prescription of 50 mls of mannitol which would have been given immediately after transfer and communicated to the clinicians present.

(b)The PICU nurses

I do not recall specifically the handover process to the PICU nurses. It is likely that information would have been given about Adam's past medical history, about what fluids were given during the surgery and about any urine output following transplantation. It is likely that information was given about the fact that his pupils were fixed and dilated which indicated likely cerebral oedema. It is likely that during the handover there was discussion about what the CVP values had been during theatre, but I do not recall the precise details of this discussion. My prescription on the fluid balance chart (057-018-027) made at 12.00 records the prescription of 50 mls of mannitol which would have been given immediately after transfer and communicated to the nurses present as they erected this infusion (057-018-027).

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

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

(a) The PICU consultant/clinician

I recall that I was present in Intensive Care as was Dr Taylor but I do not recall whether another PICU Consultant was present. Dr Taylor's work often involved Intensive Care as well as theatre work.

(b) The PICU nurses.

I do not recall which PICU nurses were present.

(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 am not aware of what guidance or protocols existed in 1995 relating to the transfer of patients from theatre to PICU as I was not responsible for such transfers.

(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.

I am not aware of any adjustment being made to the position of the CVP line between 11.30am and the arrival in PICU.

(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.

I am never responsible for managing a CVP line. If I was concerned about the accuracy of readings I would consult with an anesthetist and/or intensive care nurse.

(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 am not an expert in the measurement of CVP. I recall being concerned about the accuracy of Adam's CVP readings as after his admission to Intensive Care, a chest x-ray confirmed that the tip of the CVP line was going into his neck vessels (058-035-138). I recall that Adam was treated for cerebral oedema by giving him Mannitol and severe fluid restriction, and that an urgent CT scan was done to confirm cerebral oedema. A replacement or manipulation of his CVP line would not have, in my opinion, changed his clinical management at that time and would likely have delayed the performance of the CT scan. I think that this is why no replacement or manipulation of his CVP line was carried out at that time.

(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 am not aware whether there were guidelines at the time of Adam's death or now, on the management of CVP lines as I am not responsible for the management of these lines.

(11) After seeing the chest X-ray, state whether you requested that the CVP line was pulled back or changed, and if so, state when you made this request, to whom, where this is recorded and what was done as a result of the request.

I do not recall the details of what conversations took place after I saw the chest x-ray. I note that the CT scan report is recorded on page (058-035-138) immediately after my note about the chest x-ray. I recall that the clinical picture of fixed dilated pupils and the CT scan result led me to conclude that any attempted medical intervention would not change the tragic outcome for Adam, as the situation was, in my opinion, irretrievable at this stage.

(12) State whether you aware of any action taken in relation to the CVP line at any time after 12.00. If so, state what your knowledge was and the source of that knowledge.

I am not aware of any action taken in relation to the CVP line after 12.00.

(13) 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.

My recollection of the details of my communication with Dr Webb is poor. My best recollection is that I contacted him via bleep as mobile phones were not in common use for Consultants on-call in 1995. I recall being informed by the RBHSC Neurology Ward that he was due to do an afternoon clinic in Altnagelvin Hospital some 70 miles away. I think when I first tried to contact him he was en route to Altnagelvin and that he later telephoned back to Intensive Care on reaching Altnagelvin (I do not recall the timings). If the post-operative serum sodium level of 119mmol/L was available to me at the time of my conversation with him I would expect that I communicated this to him but I have no detailed recall of the conversation. I have no recollection of being aware of any result of a serum sodium concentration during the surgery.

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

Signed: Mary Gotama **Dated:** 22/9/11