

Witness Statement Ref. No. 023/1

**NAME OF CHILD:** Raychel Ferguson

**Name:** Vijay Kumar Gund

**Title:**

**Present position and institution:** Consultant Anaesthetist  
Warrington & Halton Hospitals, NHS Foundation Trust

**Previous position and institution:** SHO Anaesthetics Altnagelvin Area Hospital NHS Trust  
*[As at the time of the child's death]*

**Membership of Advisory Panels and Committees:**  
*[Identify by date and title all of those between January 1995-December 2004]*

**Previous Statements, Depositions and Reports:**  
*[Identify by date and title all those made in relation to the child's death]*

**OFFICIAL USE:**

List of previous statements, depositions and reports attached:

Ref:	Date:	
012-010-107	Undated	Statement
012-033-161	05.02.03	Deposition for the Inquest into the death of Raychel Ferguson

HEAD OF QUALITY

13 JAN 2012

APR SAFETY

**Particular areas of interest**

*[Please attach additional sheets if more space is required]*

- 1. Describe the fluid management of Raychel intra operatively and your directions for the post operative fluid prescription, including:**

- (i) if this was in accordance with your normal practice;**
- (ii) your understanding as to who would prescribe the fluids in the ward.**

I had prescribed Hartman's Solution as maintenance fluid post-operatively on hrly basis according to my normal practice, but was instructed by Dr. Jamieson to cross it off & disconnect in situ infusion from the cannula. Reason I was given, was that fluid management on the paediatric ward is managed by the ward doctors. This was admitted by their recovery nurse as being normal practice in that hospital for post-operative paediatric patients. My understanding was that fluids on the paediatric ward would be prescribed by Paediatric Doctors.

- 2. Explain who it was that you envisaged would prescribe the post operative fluid regime for Raychel Ferguson and who actually did. What were the reasons for any change in post operative fluids?**

I understood that fluids on the ward post-operatively would be prescribed by paediatric doctors.

**Particular areas of interest (Cont'd)**

- 3. Explain whether it would be normal practice in your experience for urine to be measured during an appendectomy and whether there was any departure in SRaychel's case and if so the reasons for it.**

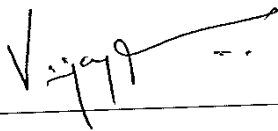
In my experience it is normal practice to measure urine output intra operatively for the patients who are presenting dehydrated or unwell or nature of surgery or intra-operative events demands it. This measurement is also extended postoperatively on hrly basis with other post-operative observations.

Urine output was not measured intra-operatively in Raychel's case because she presented to anaesthetic case as fit & well who had eaten her normal food very recently which caused her operation to be post-phoned for few hrs, was not dehydrated, her electrolytes were normal pre-operatively & surgery was uneventfully. She remained stable & normal haemodynamically throughout the operation & Recovery

**Other points you wish to make including additions to any previous Statements, Depositions and or Reports**

*[Please attach additional sheets if more space is required]*

**Signed:**

A handwritten signature in black ink, appearing to be 'V. J. ...' with a long horizontal stroke extending to the right.

**Dated:**

11-1-12.