

Witness Statement Ref. No. 027/1		
NAME OF CHILD: Raychel Ferguson		
Name: Joe Devlin Title: Dr J Devlin		
Present position and institution: G.P Local Derry Area		
Previous position and institution: <i>[As at the time of the child's death]</i> Dr House Officer Surgery Altnagelvin Area Hospital		
Membership of Advisory Panels and Committees: <i>[Identify by date and title all of those between January 1995-December 2004]</i> None		
Previous Statements, Depositions and Reports: <i>[Identify by date and title all those made in relation to the child's death]</i> Never previously asked to provide any statements/deposition/ report.		
OFFICIAL USE: List of previous statements, depositions and reports attached:		
Ref:	Date:	

Particular areas of interest

[Please attach additional sheets if more space is required]

1. Describe your role in the treatment of Raychel Ferguson to include:

- (i) the request by nursing staff at 18.00 hours on 8th June 2001 that you prescribe and administer zofran to Raychel;
- (ii) the information you were given by nursing staff in respect of Raychel in relation to that request;
- (iii) whether the information you were given gave you cause for concern; and
- (iv) the extent of any inquiries made by you before you prescribed Zofran.

I have a vague recollection only of being requested to prescribe an anti-emetic for Raychel.

I was told that she was less than 24hrs post- appendectomy.

She had apparently vomited on a few occasions that afternoon, but had been drinking fluids earlier in the day.

When I saw Raychel she was vomiting. She did not otherwise appear to be dehydrated or distressed. I felt it was reasonable for a child to vomit within 24hrs of surgery. I felt i.v Zofran was an appropriate treatment.

I asked the nursing staff to contact the on-call team if there was any further deterioration.

A handwritten signature in black ink, appearing to read "J. De...". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

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:

Dated:

Witness Statement Ref. No. 027

NAME OF CHILD: Raychel Ferguson

Name: Joe Devlin

Title: Dr. F. Devlin

Present position and institution:

G. P. Locum Derry Area.

Previous position and institution:

[As at the time of the child's death]

DR HO Surgery A&E

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 1995-December 2004]

None.

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

never previously asked to provide any statement/Deposition/Report.

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

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[Please attach additional sheets if more space is required]

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Signed:



Dated: