Witness Statement Ref. No. 028/2

NAME OF CHILD: RAYCHEL FERGUSON

Name: Michael Curran

Title: Doctor

Present position and institution:
General Practitioner, Working part time salaried position Limavady Health Centre, Limavady and locum General Practitioner

Previous position and institution: Junior House Officer, Surgery, Altnagelvin Hospital
[As at the time of the child's death]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement of 8th February 2012]

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death since your Witness Statement of 8th February 2012]

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

Ref:	Date:	
028/1	08.02.2012	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 an Inquiry reference number, then please provide a copy of the document attached

I. QUERIES IN RELATION TO YOUR MEDICAL QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your medical qualifications as of the 8th June 2001.

Qualified from Queens University Belfast July 2000 MB BCH BAO

(b) State the date you qualified as a medical doctor.

July 2000

(c) Describe your career history before you were appointed to Altnagelvin Hospital.

I qualified from Queens University Belfast in July 2000 and was provisionally registered as a medical practitioner 12 July 2000. I started work in Altnagelvin as a Junior house officer August 2000

(d) Describe your work commitments to the Altnagelvin Hospital from the date of your appointment in August 2000 to the 8th June 2001, stating the locations in which you worked and the periods of time in each department/location.

A Junior house officer was a 12 month post. It involved 6 months in surgery and 6 months in Medicine. I worked as a Surgical Junior House Officer from August 2000 until February 2001 and then a medical Junior House officer from February 2001 until August 2001.

(e) Describe your duties as Junior House Officer at Altnagelvin Hospital on the 8th June 2001.

I was working on the 8th July 2001 as a Junior house Office in Medicine between 9am and 5pm. I was asked to cover the on call night from 5pm until 9am as a surgical JHO. A JHO post was very busy and involved various tasks. These including clerking in new patients, attending ward rounds, performing a list of jobs requested by the senior clinicians on the ward rounds, taking blood tests, electrocardiograms, chasing results of tests, liasing with the radiology department, writing discharge letters, change catheters, contacting GP's, administering medication intravenously, rewriting drug charts etc. A JHO carried a pager and would be contactable at all times. During the 9-5 day a JHO was generally assigned to one ward. However when on call a JHO would cover several wards. On the night of 8th June

2001 I was working as a surgical JHO. One Surgical JHO covered the surgical wards when on call. This encompassed usually 6 wards. Wards 7,8,9 on the 7th,8th and 9th floor of the hospital respectively and the two orthopaedic wards which were in a separate wing of the hospital. Paediatric surgical patients were on ward 6 (paediatric ward).

(f) How much experience did you have of working with patients on a paediatric ward by the 8th June 2001?

I had worked as a surgical JHO from August 2000 until February 2001. During this time I would have attended some paediatric -patients admitted under my consultants with surgical problems to the paediatric ward. However I would have spent the large bulk of my time on the adult surgical wards and would not have had been on the paediatric ward often so I would have had quite limited experience.

(2) At the time of your appointment to Altnagelvin Hospital in August 2000 were you provided with training or induction and if so,

(a) Describe the training or induction which you received.

I cannot recall any details of any induction.

(b) State the date or the approximate date when you received any training or induction.

I cannot recall any details of any induction

(c) Identify the person(s) who delivered this training or induction.

I cannot recall any details of any induction

(d) Indicate if you received any documentation at this training or induction.

I cannot recall any details of any induction

(3) Provide full details of any advice, training or instruction which was provided to you at Altnagelvin Hospital in order to inform you of the appropriate approach to any of the following matters:

- Hyponatraemia
- Post-Operative Fluid Management
- Record keeping regarding fluid management

And address the following:

(a) Who provided this advice, training or instruction to you?

(b) When was it provided?

(c) What form did it take?

(d) What information were you given?

(e) In particular what information were you given in relation to the allocation of responsibility for prescribing intravenous fluids for post-operative children?

I cannot recall any formal training on fluid management. The JHO year was a very steep learning curve and a JHO accumulated a lot of knowledge "on the job" from Senior house officers who were more experienced and senior nursing staff. This would have been the case with many topics including fluid management. There was no formal training on fluid management or hyponatraemia.

II. QUERIES ARISING OUT OF YOUR INITIAL STATEMENT TO THE INQUIRY (WS-028/1)

(4) *"I have a very limited recollection of specific events on the evening/night of 8th June 2001. I was contacted by a staff nurse on ward 6 (childrens ward) and asked to prescribe/administer an anti-emetic for Raychel Ferguson who had vomited. I noted she was post operative following appendicetomy. I am not sure what time this bleep was at but I feel I went to the ward around 10pm approximately. I would have spoken to the staff nurse prior to seeing Raychel."* (Ref: WS-028/1 Page 2)

(a) When did you commence duty on the 8 June 2001?

9am as a medical house officer and then transferred to on-call surgical house officer at 5pm

(b) Did you receive a handover when you commenced duty on the 8 June, and if so was Raychel discussed as part of any hand-over?

No

(c) On the night of the 8 June 2001 which doctor on the surgical team had responsibility for Raychel's care?

I don't fully understand this question. Raychel would have been admitted under a named consultant Surgeon. However as part of an on call surgical team there is a JHO (myself), Senior house officer, a registrar and the consultant.

(d) Why was a junior house officer (such as yourself) contacted to attend Raychel, and not a more senior member of the surgical team?

I believe at the time that if any ward staff had concerns about any surgical patients they would contact the Surgical Junior house officer in the first instance. The Senior House officer and registrar also carry pagers. If staff have concerns that a patient is severely unwell they could page more senior staff.

(e) Before being contacted by this nurse in relation to Raychel, had you previously been informed of Raychel's presence on the ward?

NO

(f) If you had previously been informed of Raychel's presence on the ward, who had spoken to you and what had you been told about Raychel's treatment and condition?

I was not aware of Raychels presence

(g) Were you aware before or at the time of attending Raychel that Dr. Devlin (Surgical JHO) had previously attended Raychel and administered IV Zofran?

I cannot recall if it was discussed that Raychel had previously had an injection of Zofran when I spoke to the paediatric nurse or if I discussed this with her on arrival to the ward.

(h) Identify the name of the staff nurse who asked you to prescribe/administer the anti-emetic?

I believe it was Staff Nurse Gilchrist

(i) Apart from the person who asked you to prescribe/administer the anti-emetic, identify any other nurse or doctor with whom you had dealings in relation to Raychel on the 8th June 2001?

Paediatric Senior House Officer- Dr Johnston

Surgical Senior House Officer- I believe this was Mr Zafar

(j) Who was present with Raychel when you attended with her?

I cannot recall who was present at the bedside.

(k) To the best of your recollection, outline the history that you were given in relation to Raychel's condition and treatment, and identify who provided you with this history?

The history would have been provided by the paediatric nurse whom I spoke to and the patients chart. I cannot recall if others were present. I was aware she was a post operative appendicectomy patient who was vomiting. I cannot recall much other specifics of the history given

(l) Did you take any of the following steps, and if so, what did you learn from taking any of these steps:

(i) Obtain a history from her parents?

(ii) Read her nursing/medical notes and records (apart from her chart)?

(m) If you did not take any or all of the above steps (obtaining a history from her parents or consulting the notes and records) please explain in each case why you didn't do so.

I cannot recall if I spoke to her parents when I assessed Raychel. I did speak to the paediatric nurse. I looked at her bedside chart. I expect I would have looked at her clinical notes but cannot recall

(5) *"I would have assessed Raychel and palpated her abdomen. I noted her observations that are recorded on her chart. She did not have a temperature. Her pulse and respiratory rate were normal. She was not actively vomiting or distressed when I assessed her. I prescribed and administered valoid 25mg IV at 2215 hours."* (Ref: WS-028/1 Page 2)

(a) How would you describe Raychel's condition and appearance when you first attended with her?

I did not find her distressed or actively vomiting when I seen her. I noted her observations from her chart. Her temperature was normal.

(b) How long (approximately) did you remain with Raychel?

I cannot be certain. But I suspect approximately 10 minutes. I would have assessed her then had to prescribe the medication and administer it.

(c) Were there any changes to her condition during the period when you were with her?

No

(d) What actions or investigations did you perform when you "*assessed*" Raychel?

I would have palpated her abdomen to ensure it was soft. I would have looked at her chart and observations.

(e) What conclusions or findings did you make after assessing her, palpating her abdomen and noting the observations recorded on her chart?

As her abdomen was soft and observations ok I would have suspected that her vomiting was related to being post abdominal surgery.

(f) At the time of prescribing the anti-emetic for Raychel what was your understanding of the following matters:

(i) The duration of Raychel's vomiting;

(ii) The amount of her vomiting;

(iii) The nature of the vomiting;

(iv) The intravenous fluids she had received and was receiving?

I would have noted that Raychel had several bouts of vomiting during that day but felt that this was related to being post abdominal surgery. I would have noted her IV fluids but I would have believed that she was receiving appropriate IV fluids.

(g) When you attended with Raychel did you take any steps to check how her fluids were being managed having regard to the following matters:

(i) The type of fluid for maintenance;

(ii) The rate of fluid (80 ml/hr);

(iii) The volume of fluid;

(iv) The fact that she had been vomiting;

(v) The requirement, if any, for replacement fluids, and if so, whether this requirement was met.

I would have noted that she was on IV fluids- 'Solution 18'. I believed she was on the "standard" fluid type used and I do not believe that I would have considered changing this.

(h) If you did check how Raychel's fluids were being managed in respect of any of the above matters, did you identify any concerns, and if so, did you take any steps to address those concerns?

NO

(i) Did you consider why Raychel was vomiting and if so, did you make any diagnosis in relation to the cause of her vomiting?

I felt her vomiting was related to being post abdominal surgery

(j) Did you consider and reach any conclusion about the significance of Raychel's vomiting?

I felt her vomiting was related to being post abdominal surgery

(k) Did you consider having Raychel's electrolytes checked? If you did not give any consideration to this please explain why you didn't.

I did not consider this. I felt she was on the "standard "iv fluids used. I wanted to treat her nausea and make her comfortable and I did not consider hyponatraemia

(l) Did you consider passing a nasogastric tube? If you did not give any consideration to this please explain why you didn't.

I did not consider this. I would have felt the antiemetic would have helped.

(m) Did you consider catheterising Raychel so that urine output could be measured accurately? If you did not give any consideration to this please explain why you didn't.

I did not consider this. I did not consider it necessary at the time and my expectation was that her symptoms would settle with the anti-emetic given

(n) Which members of the surgical team were on duty at 22.00 hours on the 8th June 2001?

Surgical Senior House Officer – I believe this was Mr Zafar

Surgical Registrar – I cannot recall who the registrar was

(o) Did you consider seeking advice from a more senior doctor in the surgical team? If you did not give any consideration to this please explain why you didn't.

I did not contact senior surgical team for a review at the time I administered the antiemetic. When I assessed Raychel she did not appear distressed and was not actively vomiting and her observations were ok. I administered the antiemetic and had hoped her nausea would settle and she would be comfortable. It was very common to be asked to attend patients and administer antiemetics. Usually symptoms of nausea would settle with antiemetics. I did not detect that the paediatric nurse had grave concerns regarding Raychel at that time

(p) What factors did you take into account when deciding to prescribe IV Valoid?

I wanted to relieve her vomiting and ensure she was comfortable

(q) Why did you think it was appropriate to prescribe IV Valoid?

I felt it would be effective quickly

(r) What was your objective in prescribing IV Valoid?

To relieve her nausea and make her comfortable

(s) Did you make any note in relation to any of the following matters, and if so, please describe or indicate the document in which you made the note:

(i) The history which you received;

(ii) Raychel's condition when you saw her;

(iii) The examination which you carried out and your findings;

(iv) Any (differenital) disgnosis you may have made;

(v) Your reasons for precribing an anti-emetic;

(vi) The administration of the anti-emetic and the time of the administration;

(vii) Any plan for folow up;

(viii) Any other matter.

I recorded in the drug chart the date and time and dose of the valoid medication I administered. I do not believe I made any other entry in her medical notes.

(t) If you did not make a note in respect of the above matters please explain why you omitted to do so.

A Junior house officer post was extremely busy covering 6 wards. It was quite common to have a list of duties pending throughout the night at all times. It was also quite common to be asked to administer medications Intravenously. It did not seem inappropriate at that time as a JHO to be asked to attend and administer an antiemetic and as Raychel's observations appeared stable I did not make an entry in her medical notes.

(u) Did you provide the nursing staff with any instructions or advice after you had administered the anti-emetic

(v) Did you consider making arrangements to review Raychel's condition? If not, please explain why you did not do so.

(u) and (v) above

I cannot recall any specific conversation details. I am sure that I would have expressed a view that if Raychel's nausea did not settle with the anti-emetic that I would come back to review. Raychel would have been monitored by the paediatric nurses and they would have had a lot of experience of children vomiting and the effect of IV antiemetics and if Raychel's vomiting was not settling as expected the nurse would have contacted me again to review

(6) How would you describe Raychel's condition when you had finished attending with her?

I had hoped that her nausea would have settled with the anti-emetic. She was not distressed and I hoped she would remain comfortable.

(7) In June 2001 were you aware of the factors that could cause an electrolyte imbalance in a paediatric patient following surgery? If so, please identify the factors, and indicate whether any of those factors were present in Raychel's case at the time of your attendance?

During the JHO year, a JHO would learn most aspects of the job from Senior house officers/senior nurses. I do not believe I had any experience -or awareness of the condition of hyponatraemia or other electrolyte imbalance in a post operative paediatric patient

(8) In 2001, what did you regard as the appropriate way to manage a child who was still experiencing episodes of vomiting more than 12 hours after surgery, and who was in receipt of hypotonic intravenous fluids? Please set out all the steps that a JHO should have taken in those circumstances.

During my time as a JHO I would have been asked to administer quite frequently an antiemetic to surgical patients. I would have spent the bulk of my time in my 6 months as a surgical JHO on the adult surgical wards. I would not have been called frequently to the paediatric ward when on call. I felt at the time that it was appropriate to administer an antiemetic to a patient who was vomiting. I was not aware of the risk of hyponatraemia at that time and therefore did not consider checking an electrolyte profile. I did not give any consideration to the type of IV fluid being used as I thought it was the "standard fluid" used in the ward.

(9) In 2001, what did you understand were the possible dangers for a child who was experiencing prolonged vomiting after surgery and who was in receipt of hypotonic intravenous fluids?

With limited experience at that time I would have considered the main risk with -vomiting to be dehydration. I was not aware of risk of hyponatraemia with hypotonic IV fluids.

(10) *"I was bleeped by the paediatric senior house officer Dr. Johnston at 3:19am. I know this time to be accurate as I have a record of the pager time. He was bleeping me from childrens ward where Raychel was and I was advised by him that Raychel had had a seizure. He advised me to take bloods for certain blood tests and an ECG (electrocardiogram). And to contact a senior surgical doctor to advise him of the seizure."* (Ref: WS-028/1 Page 2)

(a) Had you been asked to review Raychel at any point in the period between adminstering the anti-emetic (22.15 on 8th June 2001), and the time of receiving a call from Dr. Johnston?

NO

(b) In what form have you retained a record of the pager time? Please supply the Inquiry with a documentary record of the pager time if available.

I have a printed record of pager times and I attach a copy of the relevant page herewith

(c) For what purpose have you retained this record of the pager time?

I believe there was a meeting in the hospital several days after the death of Raychel in which it was advised there would probably be an investigation into the circumstances of Raychel's death and that staff who were involved in Raychel's care may be asked to recall their roles . I thought it would be sensible to keep a record of my pages and asked switchboard operator for a printout of this so that I was aware of the time when I was paged

(11) *"I contacted the surgical senior house officer after I had taken the bloods/ECG (3:44am) and advised him that Raychel had had a seizure and remained on the ward."*

(a) Identify by name the surgical senior house officer whom you contacted?

Surgical Senior house officer on call – I believe this was Mr Zafar

(b) What did you tell the surgical senior house officer about Raychel's condition and your reasons for contacting him?

I contacted the surgical senior house officer on call and advised him that Raychel had had a seizure and had then been seen by paediatric Senior house officer and that I had taken ecg/bloods and I asked him to attend whilst I remained on ward.

(c) What was the senior house officer's response to you contacting him?

I think he was perhaps in A+E at the time and he was going to attend.

(d) In what circumstances would you consider contacting the Specialist Registrar in Surgery or the Consultant Surgeon?

Generally the Registrar would be contacted by the Surgical Senior house officer if required. I could have contacted the Registrar if I could not contact the Senior house officer.

(e) Did you give any consideration to contacting either the Specialist Registrar in Surgery or the Consultant Surgeon to tell them about Raychel's condition? If you did not give consideration to this please explain why you did not.

Why was the Specialist Registrar or Consultant Surgeon not contacted by you, told of Raychels condition and requested to attend

I did not consider this. If a JHO needed assistance he/she would contact the SHO who in turn could contact the Registrar or Consultant Surgeon. I could have contacted the Registrar if I could not contact the SHO but as I contacted the SHO I did not contact the Consultant Surgeon or Registrar

(f) At what time (approximately) did a colleague from the surgical team attend at Ward 6 following Raychel's seizure?

I believed I paged surgical SHO at 344am. I remained on ward. I am not sure what time the Surgical SHO arrived on the ward.

III. QUERIES IN RELATION TO THE WORKING ARRANGEMENTS OF THE SURGICAL TEAM AT ALTNAGELVIN HOSPITAL IN JUNE 2001

(12) What arrangements were in place to allow you to communicate with and seek advice from more senior doctors in the surgical team such as the Consultant or the Specialist Registrar?

Ward Rounds took place daily and a JHO would take part in most ward rounds. In most cases of wanting advice from a more senior doctor, a JHO would normally contact a SHO who had a pager. It was not common for a JHO to contact the Registrar or Consultant especially when on call.

(13) In what circumstances were you expected to seek further information and advice from your more senior colleagues in the surgical team?

The JHO year was a steep learning curve and if a JHO was dealing with a new problem or situation they were unsure of or had not encountered before- then we would have contacted the SHO for advice.

(14) In what circumstances were you expected to report the condition of a patient to more senior colleagues in the surgical team?

I would feel that if a patient had a sudden unexpected deterioration in their condition or a nurse was appropriately concerned then it would be expected to seek senior assistance from the SHO.

(15) What arrangements were in place for the supervision of your work as a junior house officer?

Patients were reviewed daily on ward rounds. Questions could be asked on ward rounds. When on call, a JHO could page the SHO if help was needed. In 2001 the SHO covered referrals from casualty as well as being in theatre. The JHO would have been based mainly on the wards. I do not believe there was any formalised supervision of all JHO work

(16) Are you aware whether any steps were taken by Consultant Surgeons at Altnagelvin Hospital to ensure that you had acquired sufficient knowledge to carry out all of the duties expected of you when working without supervision? If you are aware that steps were taken,

(a) Specify to the best of your knowledge the steps that were taken.

(b) Identify the Consultant(s) who took any particular steps to ensure that you had acquired sufficient knowledge.

(c) Explain how you demonstrated that you had acquired sufficient knowledge to enable you to perform the duties expected of you without supervision

A large part of the duties of a JHO on call were task based such as taking bloods/ecg/chasing results/giving IV medication as well as clerking in new patients and dealing with most queries and concerns from nurses on any of the 6 surgical wards. If a JHO required any help they would page the SHO. I am not aware of any steps by consultant staff to formally assess the knowledge/experience/competence of surgical Junior house officers on call.

(17) Clarify whether there were any arrangements in place in 2001 to allow members of the surgical team in Altnaglevin to obtain paediatric medical advice or assistance for the care of a surgical patient?

If so, please address the following matters:

(a) Were these arrangements formal or informal?

(b) Describe the main features of those arrangements?

(c) Was paediatric medical advice and assistance available upon request to surgical junior house officers and surgical senior house officers caring for surgical patients on Ward 6?

If so, please address the following:

(i) How was a JHO or a SHO expected to make a request for paediatric medical advice or assistance?

(ii) To whom was a request to be directed?

(iii) On what matters could paediatric medical advice or assistance be requested by a JHO or SHO?

(iv) How was a JHO or SHO advised of the arrangements by which they could make a request for medical advice or assistance?

(v) Did you give any consideration to seeking input from a paediatrician in Raychel's case?

I cannot remember how members of the surgical team specifically would seek paediatric medical advice. If I as a surgical junior house officer had any concerns about any surgical patients including paediatric surgical patients I would contact the surgical Senior House Officer.

(d) In general, were any arrangements in place to promote good communications between the paediatric medical team and the surgical team with regard to the care of surgical patients? If so, please describe those arrangements?

I can only answer this from the perspective of a surgical JHO on call. If I had any concerns regarding a child under the surgical team I would always speak to the surgical SHO. I am not aware how the communication channels operated between medical and surgical staff with regards to paediatric cases. In Raychel's case following her seizure she was seen first by the paediatric Senior house officer so I didn't have to request input from the paediatric team at that point

IV. QUERIES ON THE ISSUE OF FLUID MANAGEMENT

Please provide clarification and/or further information in respect of the following:

(18) In June 2001 who in Altnagelvin Hospital was responsible for organizing the structure and allocation of responsibilities for post-operative fluid management for paediatric cases?

I do not know

(19) Prior to 8th June 2001:

(a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts, or Adam Strain, and the issues arising from those cases.

(b) State the source(s) of your knowledge and awareness and when you acquired it.

(c) Describe how that knowledge and awareness affected your care and treatment of Raychel.

I was not aware of any of these 3 cases prior to 8th June 2001 (?)

(20) Since 8th June 2001:

(a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts or Adam Strain, and the issues arising from those cases.

(b) State the source(s) of your knowledge and awareness and when you acquired it.

(c) Describe how that knowledge and awareness has affected your work.

I have read about these cases through the media. I have worked in general practice since 2005 and so I no longer deal with post operative paediatric patients in a hospital setting at the present time. However the tragedy of the case of Raychel Ferguson in 2001 continues to make me aware of the dangers of hyponatraemia

(21) Prior to Raychel's death were you aware of the literature which highlighted the dangers posed by the administration of hypotonic fluids to children during the immediate post operative period? eg. Arieff AI, Ayus JC. British Medical Journal 1992: 304; 1218-1222. Hyponatraemia and death or permfanent brain damage in healthy children, or Halberthal M, Halperin ML, Bohn D. British Medical Journal 2001: 322; 780-782. Lesson of the week: acute hyponatraemia in children admitted to hospital: retrospective analysis of factors contributing to its development and resolution

NO.

(22)Describe in detail the education and training you have received in fluid management (in particular hyponatraemia) and record keeping, to include any particular training relating to fluid management in children, and provide dates and names of the relevant institutions/bodies, by reference to the following:

(a) Undergraduate level. I cannot recall any specific training on fluid prescribing or hyponatraemia during undergraduate training.

(b) Postgraduate level. I would have learned how to prescribe fluids for patients during my time as a Junior House Officer in Altnagelvin. This knowledge would have acquired informally verbally from other more senior doctors and probably senior nurses.

(c) Hospital induction programmes. To the best of my recollection there was no training or education on fluid management during any hospital induction programme

(d) Continuous professional development. The Junior House Officer year involved a lot of learning but this was mostly through more senior colleagues. I would have reviewed topics regularly in several reference books too. I cannot recall specifically looking at the topic of hyponatraemia during the Junior house officer year prior to the death of Raychel.

(23) Prior to 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

(a) Estimated total number of such cases, together with the dates and where they took place.

(b) Nature of your involvement.

(c) Outcome for the children.

I would have had no experience that I can recall of hyponatraemia in paediatric patients prior to 8th June 2001

(24) Since 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

a. Estimated total number of such cases, together with the dates and where they took place.

b. Nature of your involvement.

c. Outcome for the children.

I do not believe I have seen any children since with hyponatraemia to the best of my knowledge, since 8th June 2001. I have worked as a general practitioner since 2005

V GENERAL

Please address the following:

(25) The Inquiry has been provided with observation sheets in respect of Raychel for the 7th June (Ref: 020-016-031) and the 9th June 2001 (Ref: 020-016-032)? Do you know whether an observation sheet was completed for the 8th June 2001?

NO

If an observation sheet was completed for the 8th June 2001, please address the following matters:

Do you know what has become of that document?

NO

Did you make any entries in that document?

I cannot recall

If you did make entries in that document are you able to provide any indication of the content of those entries?

I cannot recall

(26) After Raychel's death were you asked to take part in any process designed to learn lessons from the care and treatment which she received and your role in it, to include any issue about her fluid management? If so,

(a) Describe the process which you participated in.

(b) Who conducted it?

(c) When was it conducted?

(d) What contribution did you make to it?

(e) Were you advised of the conclusions that were reached, and if so, what were they?

(f) Were you advised of any issues relating to your role in Raychel's care and treatment?

(g) Describe any changes to fluid management practice that you were made aware of at Altnagelvin Hospital following Raychel's death.

I do not believe I was asked to participate in any such process.

(27) Provide any further points and comments that you wish to make, together with any documents, in relation to:

(a) The care and treatment of Raychel in Altnagelvin Hospital between the 7th-9th June 2001.

(b) Record keeping.

(c) Communications with Raychel's family about her condition, diagnosis, and care and treatment.

(d) Working arrangements within the surgical team and support for junior doctors.

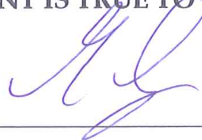
(e) Lessons learned from Raychel's death and how that affected your practice at Altnagelvin or elsewhere.

(f) Current Protocols and procedures.

(g) Any other relevant matter.

No further comment to make

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

Signed:  **Dated:** 14/6/12.

Dr CURRAN

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Altnagelvin Hospital

Call Finder Call Detail Report

Printed: 14/06/2001 14

Date/Time	Durn	Source	Dest'n	Access	Digits	Cost	OLI
09/06/2001 00:19:59	0:13	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313686	0.00	
09/06/2001 00:51:17	0:14	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313457	0.00	
09/06/2001 00:56:04	0:13	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313686	0.00	
09/06/2001 01:17:59	0:13	A0004, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313680	0.00	
09/06/2001 02:30:29	0:12	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313187	0.00	
09/06/2001 02:58:01	0:16	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313457	0.00	
09/06/2001 03:15:00	0:14	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828312005	0.00	
09/06/2001 03:19:14	0:13	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313106	0.00	
09/06/2001 03:37:37	0:11	A0004, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313476	0.00	
09/06/2001 04:46:29	0:14	A0004, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313187	0.00	
09/06/2001 04:49:02	0:12	A0004, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828314138	0.00	
09/06/2001 08:23:47	0:15	A0003, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313457	0.00	
09/06/2001 09:22:33	0:09	A0003, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313686	0.00	
09/06/2001 09:48:24	0:11	A0003, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313689	0.00	
09/06/2001 09:56:31	0:10	A0003, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313143	0.00	
09/06/2001 10:08:28	0:16	A0004, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313689	0.00	
09/06/2001 10:48:26	0:13	A0003, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313107	0.00	
09/06/2001 11:20:57	0:09	A0003, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313187	0.00	
09/06/2001 11:47:44	0:11	A0003, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313689	0.00	
09/06/2001 11:48:02	0:08	A0003, Altnagelvin Hospital H&SS Trust	T0127, Altnagelvin Hospital H&SS Trust	707	828313187	0.00	
09/06/2001 12:20:26	0:11	A0003, Altnagelvin Hospital H&SS Trust	T0137, Altnagelvin Hospital H&SS Trust	707	828313708	0.00	
Totals:	4:18					£0.000	

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