

NAME OF CHILD: Raychel Ferguson

Name: Jeremy Johnston

Title: MK

Present position and institution:

ATE Specialist Registrar Northern Region

Previous position and institution:

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

Senior House Officer in paediatric medicine

Stio Paediatrics

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:	
012-013-113	21.12.02	Statement
012-040-198	05.02.03	Deposition at the Inquest into the death of Raychel Ferguson

Particular areas of interest

[Please attach additional sheets if more space is required]

- 1. Describe your role in the treatment of Raychel Ferguson on the morning of 9th June 2001 to include:**
 - (i) your immediate concerns/suspected diagnosis when you saw Raychel and were briefed by nursing staff at 03.15am; and**
 - (ii) the steps you took and with whom you liaised in respect of her treatment.**

I am a registered practitioner with the following qualifications MB BCh BAO MRCS MRCS(A&E) DCH DIP (SEM). When I was a senior house officer in paediatric medicine at Altnagelvin Hospital I attended to Rachael Ferguson.

I was on duty on ward six on the ninth of June, 2001. At 0305 I was finishing a paediatric medical admission on the ward when I was asked by staff nurse Noble to see Rachel Ferguson, a nine year old surgical patient as I was the only doctor readily available. I promptly attended to the child who was having a generalised tonic seizure. The child was given five milligrams of diazepam rectally by the nursing staff but the fit was unresponsive to this. I administered ten milligrams of diazepam via an intravenous cannula which was already in situ, this was successful in stopping the seizure. I then attended to the airway which was satisfactory I administered oxygen via a face mask and placed the child in the recovery position. The vital signs were measured and were satisfactory, oxygen saturation was 99%, temperature 36.6oC and pulse 80beats per minute. I did a brief examination which showed no abnormality to account for the seizure while I obtained the history from the nursing staff.

At 0315 I made a note in the chart while I bleeped the on call surgical pre-registration house officer, Dr Curran. I explained to Dr Curran that the patient had no history of epilepsy and was afebrile, I advised him to contact his surgical registrar and senior house officer urgently.

The patient remained stable and had continuous pulse oximetry monitoring, I examined the patient again and found no abnormality. Dr Curran arrived and I asked him to send samples to the laboratories urgently as I suspected that an electrolyte abnormality would be likely cause of the fit in this post-operative patient. Electrolyte profile, calcium, magnesium and full blood picture were sent urgently by the shuttle system. I again strongly advised Dr Curran to contact his senior colleagues, he bleeped Mr Zafar who told Dr Curran that he was in the casualty department and would come to the ward soon to see the child. The full blood picture result became available, but I was more concerned about the biochemistry results which were not yet available so I bleeped the on call biochemist again. While awaiting the senior members of the surgical team and the biochemistry results I did a 12 lead ECG. The child remained stable clinically, there were no signs of any seizure activity and observations were normal. I decided to discuss the case with my paediatric medical registrar, Dr Trainor as the biochemistry results were not yet available and the surgical team had not yet arrived. Within minutes of doing the ECG after telling Dr Curran and the nursing staff, I went directly to the neonatal intensive care unit at approximately 0400 to discuss the scenario with Dr Trainor.

I explained the situation to Dr Trainor and asked her to review the child. As we were finishing the discussion I was bleeped by the nursing staff from ward six. I answered promptly, a nurse told me that the child looked more unwell and asked me to discuss with Dr Trainor and ask her to review the child, I told her that I had discussed the situation and that Dr Trainor would come soon. I relayed this information to Dr Trainor who asked me to finish off the admissions that she had been doing in the neonatal intensive care as she left to assess the child.

- 2. Give an account of your role in the further treatment of Raychel Ferguson when you returned to ward 6 at 04.40 am the same day to include whether your then knowledge of any test results and Raychel's deteriorated situation confirmed or changed your earlier concerns/suspected diagnoses.**

I continued with the work in the neonatal intensive care until Dr Curran arrived with an arterial blood sample taken from Rachel Ferguson. Dr Trainor had requested that I process the sample on the arterial blood gas machine in the neonatal intensive care unit. I processed the sample while Dr Curran informed me of the abnormal electrolytes and the child's deterioration. As soon as the sample was processed, we went back to the ward immediately 0455.

The child had deteriorated, was in respiratory difficulty and had been moved to the treatment room. Dr Trainor asked me to insert a second intravenous cannula and take two more blood samples for meningococcal pcr and antibodies. I did this promptly without any difficulties. Shortly afterwards, Dr Date the anaesthetic registrar arrived who intubated and ventilated the child. Later I gave intravenous antibiotics cefotaxime 2.5grams and benzylpenicillin 1.2 grams as Dr Trainor had requested. Later Dr McCord the paediatric medical consultant, Dr Allen the anaesthetic senior house officer, then Mr Zafar the surgical senior house officer and Mr Bhalla the surgical registrar arrived. The child was later transferred to the CT scanner and then to intensive care unit.

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:

JEREMY JOHNSTON

MB BCh BAO MRCS MRCS(A&E) DCH DIP (SEM)

Dated: