

Witness Statement Ref. No. 030/1

NAME OF CHILD: Raychel Ferguson

Name: Bernie Trainor

Title: Doctor

Present position and institution: Specialist Registrar in Paediatrics

Previous position and institution: Second Term Senior House Officer in Paediatrics
[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]

*MB BCH 1996 Queens university
MRCPCH 2000*

Have been working in Paediatrics since 1998.

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: | |
|-------------|--------------|--|
| 012-011-110 | 15.12.01 | Statement |
| 012-035-166 | 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 to include:

- (i) the briefing you received from Dr Johnston at 4am on 9th June 2001;**
- (ii) your observations and concerns in relation to Raychel when you arrived in ward 6 at 4.15am; and**
- (iii) the actions you took and diagnosis at the time.**

I was the Paediatric Second Term Senior House Officer on call in Altnagelvin Hospital on Friday 8th June 2001. At 04.15 on Saturday 9th June, I was busy in the Neonatal Unit when I was informed by Dr Jeremy Johnston that a 9 year old surgical patient had recently had a seizure and he was asked to assess her. He felt that I should review her as she looked unwell so I went to Ward 6 to see her.

When I arrived on Ward 6, the Surgical Junior House Officer was checking Raychel Ferguson's blood results on the computer and I noted that her sodium was low at 119 and potassium was 3. See page 020-022-044. No other results were available. I immediately asked if the blood sample had been taken from the same arm where the drip was running because this was a very abnormal result but I was told this was not the case. I told the Junior House Officer to urgently repeat the electrolytes, do blood cultures and a venous gas, which he did. I refer to my clinical notes relating to my involvement in the treatment of Raychel which appear at 020-015-023 and 020-015-024. I then had a quick look at her medical notes and found out that she was a 9 year old girl day one post appendix removal. She had no history of epilepsy. Sodium was 137 on 7/06/01. See page 020-022-045. Postoperatively, she had vomited 7 times but had no diarrhoea or temperatures. I was informed that she had a tonic clonic seizure around 03.00 hours which required rectal and intravenous diazepam.

I then went into room I on Ward 6 to examine Raychel. On examination, she looked very unwell. She was unresponsive, pupils dilated and unreactive and breathing sounded rattly but she was maintaining saturations of 97% with face mask oxygen and had a heart rate of 160 per minute. She had a petechial rash around her face, neck, upper chest and her trunk appeared flushed. Limbs were floppy. Temperature was normal and haemacue had been checked and was 9. Shortly after my initial assessment of Raychel, I asked Staff Nurse Noble to contact Dr McCord (Consultant Paediatrician on call). I spoke to Dr McCord on the phone and explained Raychel's condition and asked him to come to the ward immediately. The nurses transferred Raychel to the treatment room whilst I was on the phone. I then went into the treatment room where Raychel was with her father and I explained to Mr Ferguson that Raychel had had a seizure and at present we were unsure why but she was very ill and I was worried about her condition and my Consultant was coming to assess her. Mr Ferguson then left the room to phone his wife.

I asked for Dr Johnston to come and assist me and when he arrived he inserted a second intravenous line and gave Raychel intravenous antibiotics in view of the petechial rash. See page 020-017-034. In the treatment room, Raychel remained unresponsive but was maintaining her saturations but after approximately 5 minutes she desaturated down to 70% and went apnoeic.

The anaesthetic registrar was fast bleeped while I commenced bag and mask ventilation. The anaesthetist arrived very quickly and immediately intubated Raychel. Dr McCord arrived just after this. We then got back the results of the repeat electrolytes and discovered that the sodium was 118 and magnesium 0.59. See page 020-022-043. Fluids were then changed to 0.9% sodium chloride and the rate reduced to 40 ml per hour in keeping with fluid restriction if the sodium is low. See page 020-019-038. I gave Raychel 1 ml of Magnesium sulphate intramuscularly into the left buttock. See page 020-017-034. I also catheterized Raychel with a size 10 foley catheter. Arrangements were being made throughout this for an urgent brain scan and Dr McCord spoke to her parents.

I accompanied Raychel to the scanner at approx 05.30 am with the anaesthetist and a nurse and after the first CT I went with her to Intensive care at around 07.00 am.

In Intensive care I had a brief conversation with Raychel parents and explained that Raychel was very ill and the anaethetists were looking after her. I had no other direct involvement in Raychel's treatment once she was admitted to Intensive care. I then went back to the neonatal unit and then went to ward 6. I was due to go off work at 09.00 but before I left I went to Intensive care to see how Raychel was progressing. As I had been involved in her treatment, I volunteered to write the transfer letter to RBHSC Paediatric Intensive care. See page 063-005-010.

2. Your knowledge and experience if any of hyponatraemia to include:

- (i) the source of your knowledge and experience; and**
- (ii) the indicators in Raychel's condition when you treated her on 9th June 2001 that caused you to consider the possibility of hyponatraemia together with the steps you took as a result.**

I had knowledge of hyponatraemia from my medical training at Queen's university. I had also 3 years experience in Paediatrics prior to this incident.

When I got the results showing the low sodium in the repeat blood tests we changed Raychel's fluids to normal saline and fluid restricted her as well.

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:

Bernie Trauner

Dated:

12/7/05