

Witness Statement Ref. No. 031/1

NAME OF CHILD: Raychel Ferguson

Name: Aparna Date

Title: Dr

Present position and institution:

Not Working

Previous position and institution:

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

Specialist Registrar (F.T.T.A) Altnagelvin Area Hospital, Glenshane Road Londonderry BT47 6SB

Membership of Advisory Panels and Committees

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

Nil

Previous Statements, Depositions and Reports:

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

12 Dec 2001. Statement about Raychel Ferguson (D.O.B 4/2/1992 Hospital Number 313854)

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
012-018-122	(undated but covering letter dated 12.12.01)	Statement

Particular areas of interest

[Please attach additional sheets if more space is required]

1. Describe your role in the treatment of Raychel Ferguson in the early hours of 9th June 2001 to include:
 - (i) your observations as to her condition at the time; and
 - (ii) to whom you spoke for advice, if anyone.

On the 9 June 2001, at about 4.15 –4.30am; I was urgently called to Ward 6 (Children's Ward) via a 'Fast Bleep'. I reached the ward within 5 minutes. Raychel Ferguson was being treated in the treatment room of Ward 6. The child was not breathing, was blue, but had a pulse. She was being given artificial ventilation using a bag and mask.

I took over the care of Raychel's airway and breathing. I gave her a few artificial breaths using bag and mask. I immediately placed an endotracheal tube into her trachea as I noticed, that the child was beginning to vomit or regurgitate her stomach contents. I suctioned the endotracheal tube and got copious dirty secretions out. I continued the artificial ventilation using 100% O₂. Her colour improved with this and the pulse oximeter showed the oxygen saturation to be above 90%. I also placed an orogastric tube via her mouth into the stomach.

I was told the history that Raychel had undergone appendicectomy under a general anesthetic on the night of 7th June 2001. She had been vomiting the next day. She developed seizures some time prior to the respiratory arrest which had been treated with Diazepam.

Blood investigations and CT Scan were being organized by the paediatricians.

I phoned Dr Nesbit (Consultant Anaesthetist) and requested him to come over to the hospital.

While we were awaiting transfer to the scanner, myself and Dr Allen (Anaesthetics SHO) continued the artificial ventilation using a portable ventilator. As I was called away to the A&E department for another patient, Dr Allen continued the care of this child during the transfer to and from the CT scanner.

After the CT scan, Raychel was admitted to the I.C.U (Intensive Care Unit) where her management included the following:

- Artificial ventilation using a Servo 300 ventilator
- Intravenous fluids and antibiotics as per the advice of Consultant Paediatrician and Consultant Anaesthetist. The aim was slow correction of Raychel's hyponatraemia.

I.V fluids given were:

(1000ml normal saline + 40ccKcl) at the rate of 40ml per hour.

The child to be transferred to the Sick Children's Hospital in Belfast as soon as a bed became available.

In I.C.U, Raychel was ventilated with 50% oxygen. Her oxygen saturation was 100%, heart rate was 93 beats per minute, blood pressure was 105/62mmhg. Her chest was clear and heart sounds were normal.

I handed over the care to the next registrar at 9.00am that morning.

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]

Nil

Signed:

adate

Dated: 29-06-2005.