

Witness Statement Ref. No.

031/2

NAME OF CHILD: RAYCHEL FERGUSON

Name: Aparna Date

Title: Doctor

Present position and institution:

Consultant Anaesthesiologist, Kokilaben Dhirubhai Ambani Hospital, Four Bungalows, Andheri West, Mumbai 400054. India.

Previous position and institution: Specialist Registrar (F.T.T.A.) 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 1st July 2005]

Nil

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 1st July 2005]

Nil

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
031/1	01.07.2005	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) Describe your career history before you were appointed to Altnagelvin Hospital.
I have completed my undergraduate education (M.B.B.S), from University of Mumbai, India. After that I did my postgraduate training in Anaesthesia from K.E.M. Hospital, Mumbai. After completing my post graduate training (M.D.) in Anaesthesia in January 1996, I worked in Mumbai for 3 years in teaching hospitals. I started working in Northern Ireland in August 1999 through the Overseas Doctors Training Scheme (ODTS). I worked for 3 months each at the Royal Victoria Hospital and the Mater Hospital, Belfast, before joining the Altnagelvin Area Hospital in February 2000.
- (b) Describe your work commitments to the Altnagelvin Hospital from the date of your appointment to the 9th June 2001, stating the locations in which you worked and the periods of time in each department/location.
I worked as Senior House Officer in Anaesthetics from 2/2/2000 to 8/11/2000 and as a Specialist Registrar from 9/11/2000 to 14/6/2001. During this time I worked in Operation Theatres, I.C.U. and Labour Ward. All the trainees rotated through these areas and I don't recollect the exact duration in each rotation.
- (c) Describe your duties as a Specialist Registrar in Altnagelvin Hospital on the 9th June 2001.
I was the Registrar on call for Anaesthetics on 8th June 2001 finishing my duty on the morning of 9th June 2001. My duties included providing anaesthesia services in the labour ward, managing the Intensive Care, attending the calls from Accident & Emergency Department and Cardiac Arrest Calls.
- (d) How much experience did you have of working with patients on a paediatric ward by the 9th June 2001?
I had never worked on paediatric ward. I had managed paediatric patients in Operation Theatre, Recovery Room and A & E dept.
- (e) How much experience did you have of working with post surgical patients (children) by the 9th June 2001? I had managed post-surgical paediatric patients only in the immediate postoperative period while they were in the recovery room. However I don't have exact number.

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

- (a) Describe the training or induction which you received.
Can't remember exactly as it has been a long time now.
- (b) State the date or the approximate date when you received any training or induction.
Can't remember
- (c) Identify the person(s) who delivered this training or induction. Can't remember
- (d) Indicate if you received any documentation at this training or induction. Can't remember
- (3) Provide full details of any advice, training or instruction which was provided to you at Altnagelvin Hospital in order to inform you of any of the following matters:
- Hyponatraemia - don't remember anything in particular about advice on hyponatremia
 - Post-Operative Fluid Management - As far as I remember we followed the departmental protocol about fluid management
 - Record keeping regarding fluid management - I think we followed a department protocol
 - 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?

Answers to Questions a to e :
 Cannot remember any formal advice or training. The fluid management may have been discussed during OT teaching or departmental teaching. But I don't have any specific recollection. I don't recollect any information given about responsibility of prescribing IV fluids in postoperative children.

II. QUERIES ARISING OUT OF YOUR INITIAL STATEMENT TO THE INQUIRY (WS-031/1)

- (4) *"I was told the history that Raychel had undergone appendicectomy under a general anaesthetic on the night of 7 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 organised by the paediatricians.

I phoned Dr. Nesbitt (Consultant Anaesthetist) and requested him to come over to the hospital.”(Ref: WS-031/1 page 2)

- (a) Following Raychel’s seizure and respiratory arrest were you aware that the paediatricians suspected an electrolyte abnormality?
Initially I was managing the airway and breathing of Raychel Ferguson and the paediatricians were organising the blood investigations and C.T. Scan. I learnt about the electrolyte abnormality later, but I cant remember exact time sequence.
- (b) In addition to the treatment which you have described at WS-031/1 page 2 what consideration, if any, was given by either you or your colleagues to taking any of the following steps:
- (i) Immediately stopping Solution 18;
The paediatricians were managing the Intravenous fluids for Raychel Ferguson. From my earlier witness statement (ref 031/1), I can say that the intravenous fluid being given at that point was -(1000ml normal saline + 40cc KCl)at the rate of 40 ml per hour.
 - (ii) Administering mannitol;
 - (iii) Administering a hypertonic saline solution?
- (c) You have referred to your efforts to contact the Consultant Anaesthetist, who subsequently attended the Hospital and saw Raychel. Please address the following matters:
- (i) In what circumstances would you have considered it important to notify your Consultant of the condition of a patient?
I would inform about any patient 1) with a postoperative complication 2) paediatric patient needing surgery or ICU care 3) any patient whose condition is beyond my capability to manage.
 - (ii) Why did you consider it important in Raychel’s case to contact your Consultant?
I contacted my consultant in this case as I was dealing with a paediatric patient who had a postoperative complication. She was going to need I.C.U. management at our hospital till she was transferred to Children’s Hospital , Belfast. I was going to need input from consultant in managing this case. In addition to this, I had a received call from A & E Department and also had a patient in labour ward. So I needed additional help in the hospital.
 - (iii) Do you know whether any contact had been made with a Consultant Surgeon to advise him/her that Raychel’s condition had deteriorated? I donot know.
 - (iv) In what circumstances should a Consultant Surgeon be contacted to be advised of a deterioration in the condition of a general surgical patient? I feel any patient whose condition has deteriorated should be informed to the consultant.

- (v) In what circumstances should a Consultant Surgeon be asked to return to the Hospital to assist with a general surgical patient? The Department of Surgery should form guidelines on that.

III. QUERIES ON THE ISSUE OF FLUID MANAGEMENT

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

- (5) 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 can't remember.
- (6) Prior to 9th 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. I had no knowledge.
 - (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.
- (7) Since 9th June 2001:
- (a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts or Adam Strain, and the issues arising from these cases. These children had similar problems of hyponatraemia
 - (b) State the source(s) of your knowledge and awareness and when you acquired it. As far as I remember I learnt about these cases from colleagues and internet.
 - (c) Describe how that knowledge and awareness has affected your work. I have stopped the use of hypotonic intravenous fluids completely.
- (8) 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 permanent 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
- (9) 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. Was taught fluid and electrolyte management in classroom teaching and read up in textbooks
 - (b) Postgraduate level. Read about fluid and electrolyte imbalance in books. Taught during departmental teaching .
 - (c) Hospital induction programmes. Don't remember fluid management being a part of hospital induction.
 - (d) Continuous professional development.
- (10) Prior to 9th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the: Nil
- (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.
- (11) Since 9th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the: Nil
- (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.

IV GENERAL

Please address the following:

- (12) 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,
I finished my job at Altnagelvin Hospital on 14th June 2001. Hence I was not involved with such a process.
- (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.

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

- (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.
I have stopped using hypotonic intravenous fluids in children (and even adults).I try and limit the duration of intravenous fluids to minimum and encourage early enteral feeding. If a child needs prolonged intravenous fluids, I check serum electrolytes daily.
- (f) Current Protocols and procedures.
- (g) Any other relevant matter.

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

Signed: *adate*

Dated: *16-12-2012*