

Witness Statement Ref. No.

035/4

NAME OF CHILD: RAYCHEL FERGUSON

Name: Dr. Geoff Nesbitt

Title: Consultant in Anaesthesia and Critical Care, Altnagelvin Hospital

Present position and institution:

Previous position and institution:

[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]

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]

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
035/1	01.07.2005	Inquiry Witness Statement
035/2	28.06.2013	Inquiry Witness Statement
035/3	21.05.2013	Inquiry Witness Statement

Fluids administered to Raychel.

In my first statement to the Inquiry (Page 8, second paragraph) I indicated that I was concerned about the fluid administration and the documentation around it. The rate was too high at 80ml per hour and I calculated that it should have been 65ml per hour. I went on to explain the fasting period and how an initial high rate could allow for this. In my second statement to the Inquiry on page 27 in answer to question 34a, I explain that technically the fluids were excessive in amount but only by a small margin.

It might be helpful to the Inquiry if I expanded on the issue of the amount of fluid considered to be in excess and therefore I submit the following calculations.

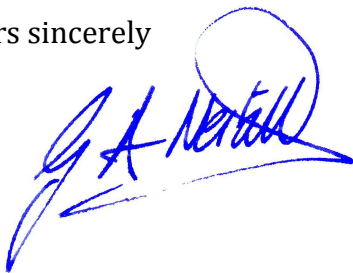
Raychel was fasting from 6pm on 7th June until her fluids were discontinued at 5am on 9th June – a period of 35 hours.

Fluids are calculated according to weight and using an hourly calculation this should have been 65ml per hour. If the calculation is applied over a 24-hour period the hourly rate amounts to 67ml per hour. For the 35 hours this would give an allowance of 2275ml using the 65ml per hour calculation and 2345ml if 67 is used.

Using the fluid balance record, Raychel received 60ml preoperatively and then fluid at a rate of 80ml per hour postoperatively. This gives a total of 2420ml, (540 + 1680 + 200 administered in theatre). The excess calculated for the 35-hour period therefore amounts to 145ml if we use the 65ml per hour rate and only 75ml if the 67ml rate is used. ($2420 - 2275 = 145$, and $2420 - 2345 = 75$)

It is my opinion that neither of these amounts is significant and I do not believe that the additional volume given over a 35-hour period would have had a material effect on the risk of developing hyponatraemia.

Yours sincerely



Dr G A Nesbitt. 26th August 2013