

NAME OF CHILD: Raychel Ferguson

Name: Cyril Charles Morrison

Title: Consultant Radiologist

Present position and institution:

Retired 2003

Previous position and institution:

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

See Attached

Membership of Advisory Panels and Committees:

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

See Attached

Previous Statements, Depositions and Reports:

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

Therese Brown dated 06.December 2001

Official report dated 9 June 2001

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
012-005-096	06.12.01	Statement

Particular areas of interest

[Please attach additional sheets if more space is required]

1. Describe in detail your role in the treatment and care of Raychel Ferguson in the early hours of 9th June 2001, to include:

- (i) who asked you to perform a CT examination of Raychel's head;**
- (ii) your findings as a result of your examination; and**
- (iii) the nature of your discussions, if any, with staff at the neurological centre at RVH that morning.**

I am a general radiologist with an interest in paediatric, interventional radiology and ultrasound. I have no experience of patients with hyponatraemia in this clinical situation. In the early hours of the morning of 9 June 2001, I received a telephone call requesting me to return to the hospital and perform an emergency CT Scan on a patient who was unconscious and being ventilated. I live approximately 35 minutes from the hospital. I refer to pages 020-007-014 and 020-015-024 of clinical notes referring to the fact that an urgent CT Scan had been requested. I performed an emergency CT Scan of Raychel Ferguson's head. I refer to 020-015-026, which is my preliminary report.

I noted the following. Evidence of an apparent subarachnoid haemorrhage and raised intra-cranial pressure. No focal abnormality was noted. I refer to the relevant films with documented time of performance of the scan. This examination was performed in the Radiology Department. Dr Nesbitt, Consultant Anaesthetist was with me when the first scan was performed. I was unable to explain the reason for the apparent sub-arachnoid haemorrhage.

This examination was image linked to the Department of Neuroradiology at the Royal Victoria Hospital in Belfast. I had no discussion with the neuro-surgical staff on call. Any discussions would have been at clinical level.

With reference to the entry on page 020-015-025 relating to the urgent CT Scan of the brain. At no time did I verbally report the CT Scan as being normal. I did not have any direct communication with Dr Brian Mc Cord, Consultant Paediatrician.

2. Describe in detail the second scan you carried out on Raychel at approx. 8.51 the same morning .

I was subsequently informed by Dr Nesbitt that the Neuro Surgical Unit at the Royal had requested a repeat enhanced scan to rule out a subdural ephyema (see pages 020-023-048) I queried the request as there was no evidence of fluid collection on the initial scan.

The second scan was an enhanced scan it was performed at 08.30am see pages 020-015-026. I note page 020-023-050 reference to the CT examination, documenting the initial findings. However the documented time of the repeat scan is incorrect being approximately 08.30 am and not 09.00am.

I would also refer to relevant radiographs as the documented time of performance of the scan is recorded. There is no evidence of a subdural empyema. This examination was linked to the Department of Neuro-Radiology in Belfast. This has been commented on in page 020-023-049. Again I had no direct contact with any neurosurgical staff in Belfast. Contact would have occurred at clinician level.

Particular areas of interest (Cont'd)

- 3. Give details of any discussions that you had with colleagues at Altnagelvin or at any other hospital in relation to the results of the CT scans that you carried out on Raychel on 9th June 2001 either on or after that day, to include:**
- (i) the identity of those with whom you spoke;**
 - (ii) their area of expertise;**
 - (iii) the reason why you discussed Raychel's case with them; and**
 - (iv) the result of your discussions.**

The identity of the people to whom I spoke to was Dr Nesbitt Consultant Anaesthetist at Altnagelvin Hospital. Dr Mc Kinstry Consultant Neuro Radiologist at the Royal Victoria Hospital.

The discussions with Dr Nesbitt occurred during the performance of the first scan. The discussions with Dr Mc Kinstry was prior to the preparation of my written report (012-005-097) the reason for both discussions was because of the extreme concern as to the welfare of Raychel. At no time did I verbally report the CT Scan as normal. I did not have any direct communication with Dr Brian Mc Cord Consultant Paediatrician the results of the CT Scan and accordingly the results of any discussions are summarized in my written report (012-005-097) and also in my hand written notes (020-015-026).

Other points you wish to make including additions to any previous Statements, Depositions and or Reports

[Please see attached additional sheets if more space is required]

see attached statement

1. Therese Brown Risk Management Co-ordinator
2. Official report dated 9 June 2001

I subsequently prepared a formal report on both scans, which appears at page 020-026-055, following discussion with Dr S Mc Kinstry, Consultant Neuro Radiologist at the Royal Victoria Hospital, Belfast.

Line four of this report should read ' The grey –white matter differentiation is preserved'.

Signed:



Dated: 18th June 2005.



Altnagelvin Hospitals Health & Social Services Trust

Department of Medical Imaging
06th December 2001

Therese Brown
Risk Management Co-Ordinator
Altnagelvin Hospital

RE: RACHEL FERGUSON (deceased)
DOB: 04th February 1992 Hospital Number AH313854

Dear Mrs Brown

Thank you for your letter regarding the above named patient. My involvement in this case is as follows:-

I was requested to perform an emergency computerized axial tomographic examination of this patient's head at approximately 5.30am on the 9th June 2001.

The examination revealed evidence of cerebral oedema, with obliteration of the basal cisterns, resulting in raised intra-cranial pressure. Enhancement of the meninges suggesting an associated sub-arachnoid haemorrhage. Preservation of the normal grey-white interface was noted. This examination was image linked to the neurosurgical centre, at the Royal Victoria Hospital.

At the request of the neurosurgical member of staff on call, a repeat examination was performed to rule out a possible sub-dural empyema. This entity was ruled out.

I contacted Dr Stephen McKinstry, Consultant Neuroradiologist on the 10th June requesting his opinion regarding the findings at the initial examination.

Dr McKinstry felt that the apparent sub-arachnoid haemorrhage was simply secondary to reduced brain density (cerebral oedema) hence apparent meningeal enhancement.

My report of these events is attached

Yours faithfully


DR C C M MORRISON FRCR

012-005-096

Altnagelvin Area Hospital, Glenshane Road, Londonderry BT47 6SB

Intensive Care Unit
R. GILLILAND
EM ASHENHURST

SURNAME FERGUSON
FORENAME(S) RACHAEL
CASENOTE AH 313884
UPCI
D.O.B./SEX 04-FEB-1992 FEMALE
DATE TYPED 11-JUN-01 VW
DICTATED 11-JUN-01 12:32

ENHANCED CT SCAN OF BRAIN 09-JUN-01 08:51
Diagnostic Code

Unenhanced and enhanced scans were performed.
Hyperdensity is noted in relation to the meninges and there is loss of
definition of the basal cisterns in keeping with raised intra-cranial
pressure.
The grey white matter differentiates and is preserved.
Following contrast injection there is no interval change.
In particular, as requested a sub-dural empyema has been excluded.
I have discussed this case with Dr Steven McKinstry, who feels that
appearances are more in keeping with cerebral oedema which is highlighting
the meninges and normal structures.

CONTINUE...

Dr. C.C.M. Morrison Consultant Radiologist
09-JUN-01 ALTNAGELVIN HOSPITAL
ENHANCED CT SCAN OF BRAIN

Intensive Care Unit
MR. R. GILLILAND
DR EM ASHENHURST

SURNAME FERGUSON
FORENAME(S) RACHAEL
CASENOTE AH 313884
UPCI
D.O.B./SEX 04-FEB-1992 FEMALE
DATE TYPED 11-JUN-01 VW
DICTATED 11-JUN-01 12:32

CONT/
A sub-arachnoid haemorrhage is therefore unlikely.

Dr. C.C.M. Morrison Consultant Radiologist
09-JUN-01 ALTNAGELVIN HOSPITAL
ENHANCED CT SCAN OF BRAIN

012-005-097

Altnagelvin Area Hospital, Glenshane Road, Londonderry BT47 6SB

NAME

Cyril Charles Mitchell Morrison

ADDRESS

[REDACTED]

Tel: [REDACTED]

[REDACTED]

PROFESSIONAL ADDRESS

Altnagelvin Trust Hospital
Londonderry
Co Londonderry

Tel: [REDACTED]

Fax: [REDACTED]

DATE OF BIRTH

[REDACTED]

MEDICAL SCHOOL

Trinity College, Dublin

QUALIFICATIONS

B.A. M.B., BCH., BAO.	1967
D.C.H. (R.C.S.I.)	1970
D.M.R.D. (London)	1974
F.R.C.R. (London)	1976
F.F.R. R.C.S.I.	1994

APPOINTMENTS

Consultant Radiologist Royal Victoria Hospital and Royal Belfast Hospital for Sick Children	1979
Consultant Radiologist Altnagelvin Hospital	1983

PRESENT POSITION

Retired 2003

APPOINTMENTS

Special Advisory Committee Radiology, Representative, Western Health and Social Services Board 1988 - 1999

College Tutor in Clinical Radiology, Royal College of Radiologists - 1991- 1996

Chairperson, Appointments Panel, Senior Registrars/Registrars Radiology and Radiotherapy – 1992, March 1995 and Specialist Registrars 1996

Chairman, Radiology Committee, Northern Ireland Council for Post-Graduate Medical Education 1992 - 1996

Chairman Northern Ireland Standing Committee of the Royal College of Radiologists - September 1995 - 1999

COMMITTEES

Northern Ireland Council for Post-Graduate Medical Education, Radiology Committee - 1989- 1996

University of Ulster, Department of Biological and Biomedical Sciences, Radiography Liaison Committee 1991- 1996

The Medical Education Committee, Altnagelvin Area Hospital - November 1994 - present

Northern Ireland Standing Committee of the Royal College of Radiologists - September 1995 - 1999

Member, Area Medical Advisory Committee, WHSSB – 1996 - PRESENT

Member (in lieu of Dr A Beirne) Consultant Discretionary Awards Committee, Altnagelvin Area Hospital - 1997

Member of Consultants Discretionary Points Awards Committee – 1999