Witness Statement Ref. No. 049 /1

NAME OF CHILD: Raychel Ferguson

Name: Ann Noble

Title: Staff Nurse

Present position and institution: E Grade Staff Nurse in Ward six Altnagelvin Hospitals Health & Social Services Trust

Previous position and institution: As Above
[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]
Registered General Nurse – qualified April 1985

IV Additives Course October - 1992
Preceptor Course January - 1992
Paediatric Advanced Life Support - March 1999
Diploma in Asthma January – June 1996
European Paediatric Life Support Course – 6 May 2004

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

As Below

OFFICIAL USE:
List of previous statements, depositions and reports attached:

Ref:	Date:	
012-008-100	14.06.01	Statement
012-043-207	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 in detail your role in the treatment and care of Raychel Ferguson from 7th to 9th June 2001, to include:**
   (i) you understanding of ward procedure in relation to the prescription of fluids to paediatric patients in June 2001;
   (ii) whether such ward procedure was in written or verbal form; and
   (iii) your concerns and observations in respect of Raychel over that period.

1. Raychel was admitted to Ward 6 on Thursday 7th June 2001 from Accident and Emergency shortly after 22.00 hours. Staff Nurse Daphne Patterson documented her admission details.

   She informed me that Mr Makar: Surgical SHO had prescribed Intravenous Hartman's Solution for Raychel. As this was not in keeping with common practice on the ward I informed Mr Makar who then changed the fluid prescription to Solution 18, (see page 020-021-040). The fluids were in progress until Raychel was going to theatre, then discontinued and recommenced when she returned to Ward 6. (See page 020-020-039).

   Raychel was in the Operating Theatre during my break and had returned to the ward by the time I arrived back. I was in formed that Raychel had a mildly congested appendix and that both her parents wanted to stay overnight. I carried out observations on her temperature, pulse, respirations, blood pressure, level of consciousness and condition of wound site; (see page 020-015-029), and subsequently four times thereafter, all were within normal parameters and I had no concerns about her. Solution 18 was in progress parenterally at 80mls/hr and her cannula site appeared satisfactory. (See page 020-020-039).

   Staff Nurse Patterson informed me that Mr Makar had prescribed – but not signed – the prescription for "flagyl" 500mgs intravenously for Raychel: (See page 020-017-035). She contacted him by phone and requested him to sign for the prescription, he then instructed her to administer the "flagyl" rectally instead, as a parenteral antibiotic was not required. He also requested that we administer the drug one hour earlier i.e. 07:00 hours. (See pages 020-017-033 and 020-017-036).

   At the Nursing staff handover in the morning I informed the staff on duty that Raychel had not micturated, had received rectal "flagyl" 500mgs and "voltarol" 25mgs for pain at 07:00 hours and appeared comfortable on reporting. (See pages 020-017-033 and 020-017-036).

   I returned to night duty on Friday 8th June, and took charge of the main ward for the duration of my shift. As I was in charge I did not fill in any observations on Raychel. At handover, Staff Nurse Michaela Mc Auley reported that Raychel had micturated but had vomited a few times during the day, the latter requiring Parenteral "Zofran" 2mgs at around 17:30 hours, parenteral Solution 18 was infusing at 80mls/ hour and her parents were present.

   I proceeded to administer the medications to the other children on the ward while my colleagues attended to their needs and carried out observations. Between 21:00 hours and 21:15 hours Staff Nurse Sandra Gilchrist reported that Raychel was still nauseated and had vomited coffee ground material, she informed the Surgical JHO so that an antiemetic could be prescribed and administered. I reached Raychel's bed with the medicine trolley at 21:25 hours informed her father that Raychel was due to receive rectal "flagyl." He informed me that Raychel had a

headache and – although she was asleep – was not settled.

I offered rectal "Paracetamol" 500mgs for her headache and Mr Ferguson was happy enough for her to receive it. Raychel was easily roused and I explained to her what I was about to do, and that the "paracetamol" would hopefully alleviate her headache; (see page 020-017-036). She was fully co-operative and I left her with her father. Raychel settled down to sleep. At 22:15 hours Staff Nurse Sandra Gilchrist informed me that Raychel had received "Cyclizine" for nausea: then at approximately 23:30 hours her parents informed us they were going home and asked that we telephone them if there were any problems.
At 00:35 hours Staff Nurse Bryce noted that Raychel was becoming restless and as I was going on my break with Nursing Auxilliary (N/A) Lynch, Staff Nurses Gilchrist and Bryce were going to attend her. On returning from my break, Staff Nurse Gilchrist gave me a report on the patients, she informed me that Raychel had "vomited a mouthful" had her pyjamas changed but went back to sleep: she had no other concerns about her.

At 3:00 hours whilst administering medication to a patient opposite to Raychel in room I, Nursing Auxiliary Lynch informed that Raychel was fitting. I immediately attended her and observed that she was lying in a left lateral position, was not cyanosed, but had been incontinent of urine and was in a tonic state. (See page 020-016-032). I asked Dr J. Johnston (Paediatric SHO) who was at the nurses' station directly outside Raychel's room to attend urgently. He requested "diazepam" and "diazemuls" (see page 020-017-034) and Raychel was given oxygen via a non -rebreathing mask at 10 litres per minute, her colour suggested she was well perfused. Dr Johnston was unsuccessful in his attempt to insert an airway. I administered the rectal "diazepam" 5mgs while the Doctor observed for effect. Raychel did not respond to this, so upon informing the Doctor of her weight (25kgs), he drew up 2mls of "diazemuls" (5mgs/ml) and administered it with effect. He then requested oxygen saturation recording, and as she was gurgling and salivating, he performed suction to maintain a patent airway. I checked her pupil reaction and found both to be equal and reacting briskly to light. Dr Johnston then contacted the Surgical JHO. Raychel was nursed in a left lateral position: her heart rate was 78 beats per minute and oxygen saturation was in the high nineties. She was attempting to push the mask away from her face at this time.

Nursing Auxiliary Lynch sat with Raychel while I called the family at approximately 03:30 hours, though was unable to get a response despite a few attempts. At this stage the surgical JHO arrived and I assisted him in obtaining blood for investigation and an ECG was performed. I was eventually able to contact Mr Ferguson and informed him that Raychel had fitted and the medical staff were in attendance; I also asked him if there was any history of seizures in the family to which he replied "No." He decided to let his wife sleep and came to the hospital on his own.

Dr. Johnston – on examining the ECG asked the Surgical JHO to perform another recording and I asked Staff Nurse Bryce to record Raychel's blood pressure at 04:10 hours (see page 020-016-032) which was within normal limits. I was with Raychel when her father arrived and noted her pulse rate to be fluctuating between 78 and 140 beats per minute and she was having intermittent tonic episodes. She had continuous monitoring in progress at this stage. Staff Nurse Gilchrist bleeped Dr B Trainor (Paediatric Registrar). Raychel was now having tonic movements every two to three minutes and I duly informed the Registrar who had just arrived on the ward. Raychel's pupils were now sluggish but still reacting to light. The Paediatric Registrar introduced herself to Mr. Ferguson, then promptly examined Raychel and noted that her pupils were now dilated; not reacting to light and her muscle tone was flaccid. She asked me to bleep Dr McCord

(Paediatric Consultant) the time now being approximately 04:35 – 04:40 hours. Dr.Trainor spoke to Dr McCord and I carried Raychel to the Treatment Room where we attached the 'Propack' and 'saturation monitor.' Her oxygen saturations were in the high nineties and heart rate 80-90 beats per minute

The Anaesthetic Registrar was contacted in anticipation of airways management, though this changed to a fast bleep as Raychel began to desaturate and a 'Guedel Airway' was inserted she was then manually ventilated by Dr Trainor until the Anaesthetist arrived.
Within approximately two minutes Raychel was intubated with a 'size-6 Endo-tracheal tube' and her saturations improved to the high nineties.

Upon Dr McCord's arrival, a Radiographer was contacted, and a CT Brain Scan was arranged. I then gathered equipment for urinary catheterisation, enquired to which parenteral fluids were required and then spoke to the parents, while Staff Nurses Gilchrist and Bryce remained in the Treatment Room.

The parents were understandably very upset and I informed them that the doctors were attending to Raychel, attempting to stabilise her condition and organising further investigations. I informed them that a senior member of the medical staff would speak to them as soon as possible. After Raychel's parents left the ward, I had no further contact with them until the meeting in September 2001.

In my fourteen years experience as a Staff Nurse, I had not knowingly encountered hyponatraemia as a post-operative complication, though vomiting postoperatively is not uncommon. I was aware that Raychel had been sick earlier in the day and I felt that her losses were being compensated by her intravenous fluid therapy.

I was aware of the difference between 'Hartman's Solution' and 'Solution 18.'

(i) Doctors prescribe fluids according to children's' weight and electrolyte profile. At that time 'Solution 18' was the most commonly prescribed fluid for paediatric patients, if a doctor had prescribed any other fluid they were made aware that it was common practice for 'solution 18' to be used.

(ii) There was no written policy in relation to this

(iii) I had no more concerns for Raychel that night than I would have had for any other post-operative patient who had been vomiting as she had intravenous fluids in progress. My immediate concern was that she would have an antiemetic to allay further vomiting and analgesia for her headache – that I attributed to post-operative nausea and vomiting (PONV) – to try and ensure that she would have a good night's rest.

2. Give details of your communications with the family of Raychel Ferguson both during the period 7th to 9th June 2001 and thereafter, to include:
(i) the nature of such communications;
(ii) the information imparted on both sides; and
(iii) when and where such communications took place.

2) (i), (ii), (iii)
From my recollection I had minimal contact with Raychel's parents on the night of admission. My first point of contact with them was at 02:35 hours on 08/06/2001 (page: 020-015-029) when I recorded Raychel's post-operative observations and four other times thereafter My conversations at those times were limited due to the lateness of the hour giving them mostly reassurance as to the observations that I had taken.
My next conversation was with Mr Ferguson at approximately 21:25 hours on 08/06/2001 in Room I at Raychel's bedside; he was concerned that she had vomited, had a headache and wasn't settled. I explained that PONV was not uncommon, I then noted that Raychel had not as yet received paracetamol and explained to Mr Ferguson that it is a very effective painkiller in children so I advised that she have rectal paracetamol to which he agreed.
Both parents came to the ward kitchen door at approximately 23:30 hours and informed us that they were going home and if we had any concerns that we should contact them.
At approximately 03:30 hours on 09/06/2001 I tried to phone the parents but was unable to get a response initially, but following a few attempts I spoke to Mr Ferguson to inform him that Raychel had fitted and asked him if there was any family history of seizures, to which he replied 'No.' He then asked me if he should rouse his wife, whereupon I left the decision to him. Mr Ferguson came to the hospital alone.
Upon arrival to the ward I informed Mr Ferguson what had happened and explained the monitors that were attached to Raychel and was present when Dr. Johnston and the Surgical JHO spoke to him.
Then upon further deterioration in Raychel's condition I recall that Dr. Trainor advised Mr. Ferguson to contact his wife.
The last conversation I recall having with both parents was to update them on what was happening in that Raychel had been intubated and that the medical staff were arranging further tests and transfer to ICU.

Particular areas of interest (Cont'd)

3. Give details of any contact you had with colleagues at RBHSC, if any, after Raychel left Altnagelvin.

I personally had no contact with any colleagues in the RBHSC

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: Alle Noble **Dated:** 30/6/2005