

Witness Statement Ref. No. 101/2

NAME OF CHILD: Adam Strain

Name: Margaret Mathewson

Title:

Present position and institution: Housewife

Previous position and institution:
[Since your Witness Statement of 10th April 2011]
Housewife

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement of 10th April 2011]

None

Previous Statements, Depositions and Reports:
[Identify by date and title all those since your Witness Statement of 10th April 2011]
None since 10/4/11

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

Ref:	Date:	
093-013	06.04.2006	PSNI Witness Statement
101/1	10.04.2011	Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

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 such a number then please provide a copy of the document.

I QUERIES ARISING OUT OF YOUR INITIAL WITNESS STATEMENT

With reference to your witness statement dated 10th April 2011, please provide clarification and/or further information in respect of the following:

(1) Answer to Question 1(a) at p.2:

"...I was on duty as a Theatre Staff Nurse during Adam Strain's operation."

(a) State when and where you qualified as an anaesthetic nurse (see the reference in your statement to the PSNI at Ref: 093-013-044)

In Theatres RBHSC, when each new staff nurse started employment, they worked under supervision with an experienced senior staff nurse/sister for a period of time in each department until all felt that they were competent and comfortable in what they were doing. Nurses rotated in each department. I never officially qualified as an anaesthetic nurse, as 'anaesthetic nurse' I mean as one of my duties as a staff nurse in Children's Theatres.

(b) State whether you were on duty when anaesthesia was induced in Adam. If not, state where you were.

I was "runner" in Theatres - assisting the scrub nurse on that day. I was not yet on duty when Adam was anaesthetised, as I live in Dromore, Co. Down (30 minutes by car) I would imagine I would have been on my way to work.

(2) Answer to Question 3(c) at p.3:

"As in all surgery, my role of "runner" was to ensure that all equipment used in the course of an operation was checked, recorded and accounted for, and blood loss calculated and recorded, and any additional items required were provided and recorded."

(a) State whether it would have been possible for you to have organised for a blood sample from Adam to have been taken to the laboratory for testing prior to 09.30. If so, state why this did not happen. If not, explain why not.

Organising taking a blood sample to the lab was a medical/anaesthetic role but if asked it would have been possible for theatre runner or technician to arrange for a porter to take any specimens to the lab. I cannot recall being asked to do this.

"Blood loss is clearly recorded on the whiteboard on the Theatre wall for all to see. I am not able to recall any specific report but I would assume normal communication would have taken place."

(b) Explain what you mean by "normal communication" when referring to working in the operating theatre.

All staff would communicate verbally and also anaesthetic staff would check nursing fluid balance charts and blood loss etc. All was recorded on a large visual to all "white board" on the theatre wall (as well as recorded in nursing notes). There would be continuous visual or verbal communication throughout surgery, this is what I mean by 'normal communication'.

(3) Answer to Question 4(c) at p.4:

"Other fluid was dealt with by anaesthetic staff."

(a) State what "other fluid" might be collected, measured, recorded and reported in the operating theatre.

Other fluid could be urine and gastric aspirate.

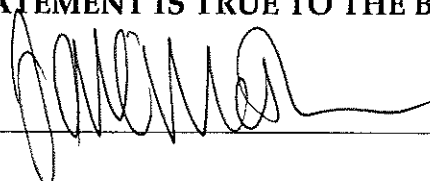
(b) State how, in each case, that fluid is collected, measured, recorded and reported in the operating theatre.

Urine - via urinary catheter to calibrated bag. Gastric aspirate - via nasogastric tube to either a drainage bag or spigoted.

All is recorded in Theatre Notes and continuous verbal and visual communication reported.

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

Signed:

A handwritten signature in black ink, appearing to be a cursive name, possibly "D. M. M.", written over a horizontal line.

Dated:

17/8/2011