Witness Statement Ref. No. 114/1

NAME OF CHILD: Adam Strain

Name: Jean McKnight

Title: Dr

Present position and institution:

Consultant Paediatrician, Dumfries & Galloway Royal Infirmary, Scotland

Previous position and institution:
[As at the time of the child's death]
Locum Registrar in Paediatrics, RBHSC

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995-December 2010]

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

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

Ref:	Date:	

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 it. If the document does not have such a number then please provide a copy of it

(1) State the times at which you were on duty between 26th and 28th November 1995 and in particular:-

(a) Whether you were present in the hospital or

Present on the evening of 27th November 1995 until the morning of 28th November 1995.

(b) Whether you were on call

Resident on-call.

(2) Describe what you considered to be your role in relation to and responsibilities towards Adam Strain and his family whilst you were on duty

I feel that my role was to closely monitor and respond appropriately to any change in this child's clinical condition. As a junior member of the team I feel it was also my responsibility to liaise closely with senior medical staff and advise them of any significant changes in Adam's condition. Finally I feel it was also my responsibility to make sure that the family received adequate support and information at all times.

(3) Describe any contact you had with Adam or his family including when, where and what occurred during that contact

I cannot comment on any contact that I had with Adam's family during this period as I have no recollection.

(4) Describe and explain any discussions you had with any medical personnel in relation to Adam whilst you were on duty

I cannot clearly remember any discussion with medical personnel.

(5) Describe in detail the education and training you received in fluid management (in particular hyponatraemia) and record keeping through the following, providing dates and names of the institutions/bodies:

(a) Undergraduate education
(b) Postgraduate education and training

In terms of education and training received in fluid management, I do clearly remember that the teaching, when I started paediatrics in Belfast back in 1989, was that the fluid of choice for maintenance fluids in general paediatrics was 0.18% saline with dextrose. I also remember clearly being taught that for resuscitation fluid one should only ever use normal saline or colloids and I also remember being clearly taught as a junior in paediatrics that if a child was receiving full intravenous fluid they should have a minimum of at least once daily electrolytes checked, but much more frequently if this child was deemed to be ill or certainly if the child was requiring intensive care.

After completing a full training in general paediatrics I then went on and re-trained in paediatric intensive care, during this period of time I received a lot of additional teaching in terms of fluid balance and management and I feel that over the years teaching changed considerably, in that I no longer would ever prescribe 0.18% saline to a child. From a paediatric intensive care point of view we tend to prescribe normal saline as our maintenance fluid as well as the resuscitation fluid and to monitor electrolytes closely. However, I feel it is worth noting that this case took place quite a number of years ago when teaching was clearly different and when 0.18% saline was the standard paediatric maintenance fluid.

In terms of record keeping I do not recall undertaking any formal training, however as a trainee I did receive teaching from consultant paediatricians in terms of record keeping and making entries into hospital records. I clearly remember being taught to date and time all entries, to make accurate concise notes and to attempt to make all entries clearly legible. I also remember a clear emphasis being put on the importance of record keeping since the notes were legal documents and should hold accurate records of all aspects of the patients care.

(c) Hospital induction programmes

I have no clear recollection of any formal induction programmes during my time as a paediatric trainee in Belfast.

(d)Continuous professional development

Member of Paediatric Intensive Care Society, Fluid Management regularly discussed at paediatric intensive care meetings as well as local teaching programmes.

(6) Prior to 26th November 1995, describe in detail your experience of children with hyponatraemia, including the:

I have no clear recollection of such cases during that particular time period, however I suspect the numbers were small. Since I have no clear memory I cannot answer the questions below.

(a) Estimated total number of such cases, together with the dates and where they took place

(b)Number of the children who were aged less than 6 years old

(c) Number of children who were polyuric

(d)Nature of your involvement

(e) Outcome for the children

(7) Identify any 'Protocols' and/or 'Guidelines' which governed your actions in relation to Adam and his family whilst you were on duty

No protocols of which I was aware.

(8) Identify precisely on Adam's medical notes and records the entries that you made or which were made on your direction and state below:

(a) When each of the identified entries was made

1.00am 28.11.95 Medical Note (058-035-141)
3.00am 28.11.95 Medical Note (058-035-141)
Untimed 28.11.95 Medical Note (058-035-142)

(b)The source of the information recorded in the entry

On the 28/11/1995 at 1am, I have noted that the blood pressure was dropping over the past hour. The mean arterial pressure was down to 70 which was unacceptable. The oxygen saturation was satisfactory at 97%-98%. I have also noted that the child was pale, but well perfused and that there was an increase in metabolic acidosis with a base excess of -7.8. I have noted that the central venous pressure was approximately 7. I have also documented a total output of 1200ml and a total input of < 300ml. My management at that time consisted of increasing the Dopamine infusion to 5mics/kg/min. I also gave a bolus of 100ml of HPPF which is Human Plasma Protein Fraction and has a sodium equivalent of 0.9% saline. I have noted that there was a good response to the above measures with an increase in the mean arterial pressure to 100. I have then suggested to continue with dialysis to monitor the blood gases 4 hourly if the child remains stable and also have suggested further boluses of HPPF as indicated if the blood pressure was still falling. I have also noted that if the blood pressure continued to fall the child may require some maintenance of normal saline. My final note at that time suggests repeating urea and electrolytes at 7am.

On the 28/11/1995 at 3am the note reads that the peritoneal dialysis had been attempted earlier on with an initial dwell of 500ml in then and 320ml out and a note that the remainder of the volume had leaked out through the wound. I noted that the cycle was bypassed with a further 500ml dwell inserted which also continued to leak through the wound.

I then documented that the blood pressure was falling again with a mean arterial pressure down to 85. I have also indicated that I discussed the above situation with Dr Savage who had suggested stopping the dialysis and repeating the urea and electrolytes later in the morning.

Untimed note; this note states that Adam was started on normal saline at 50ml an hour for maintenance fluids, it also suggests that this rate may vary according to urinary output and blood pressure. I also suggested repeating arterial blood gases 4 hourly and repeating electrolytes.

My final note in this entry refers to a CXR taken earlier which states that it was still abnormal with fluid present in the horizontal fissure.I have not commented any further but this appearance would be suggestive of continuing pulmonary oedema

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

(a) Care and treatment of Adam from his admission for the renal transplant surgery on 26th November 1995 to his death on 28th November 1995

(b)Record keeping

(c) Communications with Adam's family about his care and treatment in respect of the renal transplant surgery

(d)Lessons learned from Adam's death and its effect on your practice

(e) Current 'protocols' and procedures

(f) Any other relevant matter

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

Signed: [signature] **Dated:** 13/5/11