

**NAME OF CHILD:** Adam Strain

**Name:** Rosalie Campbell

**Title:** Dr

**Present position and institution:**

Consultant Anaesthetist /Paediatric Intensivist

Addenbrookes Foundation Hospital Trust, Hills Road, Cambridge CB2 0QQ

**Previous position and institution:**

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

*In Nov 1995 I worked as a locum consultant anaesthetist at the Royal Belfast Hospital for Sick Children*

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those between January 1995-December 2010]*

*None*

**Previous Statements, Depositions and Reports:**

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

*None*

**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 26<sup>th</sup> and 28<sup>th</sup> November 1995 and in particular:-**

**(a) Whether you were present in the hospital or**

**(b) Whether you were on call**

I have no record or memory of my on call schedule between 26 and 28 November 1995.

I was present in the hospital early on Monday evening as one of two doctors performing the first set of brain stem tests on Adam Strain.

**(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**

It is now almost 16 years since Adam's death and I do not recall meeting with Adam or his family.

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

I believe my role at the time was to assist Dr Webb in the performance of brain stem testing for Adam Strain.

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

I do not recall having discussions with any medical personnel regarding Adam's medical care, although I would almost certainly have had some discussions with Dr Webb as we performed the brain stem tests together.

**(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**

Undergraduate training at The Queens University of Belfast. 1982-87

Hyponatraemia was taught as part of the physiology course in relation to abnormal electrolytes, causes and treatment. Water intoxication was the term used.

It did not, however, describe perioperative fluid management.

**(b) Postgraduate education and training**

Postgraduate training, N Ireland/West Midlands 1987-1995

Training included calculation of fluid and electrolyte requirements in adults and children, including compensation for illness e.g. burn injuries and high fever. It did not include the fluid management of a child with high output renal failure.

Hyponatraemia secondary to glycine absorption in adult patients undergoing prostate surgery (TURP syndrome) was widely taught to anaesthetists and well recognised.

**(c) Hospital induction programmes**

I have no recollection of attending any hospital induction program which included hyponatraemia.

**(d) Continuous professional development**

In the course of CPD (continuing professional development) in more recent years, I have attended several lectures and read a number of articles on paediatric fluid management including hyponatraemia.

A high standard of record keeping was always taught as essential but unfortunately the available paperwork often made this impractical. For example, some institutions provided only a carbon stamp for the anaesthetic record with no section for recording vital signs.

Improvements in record keeping were already well underway in 1995 but have continued to steadily improve over the last decade.

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

**(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**

I cannot recall any specific cases of hyponatraemia in children prior to 1995

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

Brain stem testing is a fixed protocol as shown in the medical records. (058-004-009)

**(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**

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

I made only one note in Adam's chart in relation to his first set of brain stem tests at 19.35 on 27.11.95. (058-004-009)

- (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 26<sup>th</sup> November 1995 to his death on 28<sup>th</sup> 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: *Rosalie Campbell* MB BCH FRCA Dated: *7.4.11*