

Witness Statement Ref. No.

138/5

NAME OF CHILD: Claire Roberts

Name: David Webb

Title: Dr.

Present position and institution:

Consultant Paediatric Neurologist- Our Lady's Hospital, Dublin, Ireland

National Children's Hospital, Tallaght, Dublin, Ireland

Previous position and institution:

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

Consultant Paediatric Neurologist- Royal Belfast Hospital for Sick Children ("RBHSC")

Membership of Advisory Panels and Committees:

*[Identify by date and title all of those since your Witness Statement of February 2013]*

Previous Statements, Depositions and Reports:

*[Identify by date and title all those since your Witness Statement of February 2013]*

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
091-008-035	25.04.06	Deposition to the Coroner
WS 138/1	14.03.12	Witness Statement to the Inquiry
WS-138/2	18.09.12	Witness Statement to the Inquiry
WS-138/3	10.12	Witness Statement to the Inquiry
WS-138/4	19.02.13	Witness Statement to the Inquiry

**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 that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

With particular reference to the medical notes and records, which can be found at Ref: 150-016-001 *et seq*, of 'Patient W.2', who was admitted to RBHSC on 14<sup>th</sup> October 1996 and for whom you were the named consultant, please answer the following:

**Fluid management**

(1) "17.10.96 ...

*Plan*

1) Start IV fluids @50mls/kg/day IV dex/saline 0.45% ...

D Webb" (Ref: 150-016-004a)

"20.10.96 Neurology

Calmer today. Less irritable

Still intermittently febrile

Fluid intake ↑

Push IV fluids to 2/3 maintenance for diuresis ...

D Webb" (Ref: 150-016-005)

"20.10.96 ... 500mls Dex 4% Saline 0.18% ... 30mls/hr... D Webb" (Ref: 150-016-012)

- (a) Please confirm that these are your notes and signature.
- (b) Please state whether these notes record your:
  - (i) Input into the 'choice of fluids'
  - (ii) Involvement in the 'management of fluids'
- (c) If not, please explain what they record in terms of your role

1a I believe the notes recorded should read "fluid intake ↑↓" - which implies that W2 had fluctuating oral intake. Subject to this correction I believe these are my notes and signature.

1b The notes identified appear to record my input into the choice of fluids used in W2 and my involvement in the management of this child's fluids.

(2) In your evidence to the Inquiry you have stated:

*"I would only in exceptional circumstances have provided any input into the choice of fluids. Most of the children I see as in patients in hospital are under shared care. Their fluid regime is therefore dealt with by the General Paediatrician." (WS-138-1, p.68)*

*"I would have left [Claire's IV fluid management] to the general paediatric team [...] because it would be very unusual for a consultant coming in to consult like this to manage the fluids. That would not be what I would normally have done." (Transcript of the Oral Hearings, 30<sup>th</sup> November 2012, p.231, lines 6-11)*

(a) Please explain why:

- (i) IV fluids were being prescribed for Patient W.2
- (ii) You prescribed the IV fluids (both type and rate) for Patient W.2 that you did
- (iii) It was you who prescribed IV fluids for Patient W.2 on this occasion

2a (i) I cannot be certain from the notes provided why exactly fluids were being prescribed for W.2 but I note there are references to the need for investigations which would require fasting such as the lymph node biopsies and lumbar puncture. In addition there are references to a variable oral fluid intake and intermittent vomiting which would all be reasons that would justify intravenous fluids in a small infant.

2a (ii) I cannot be certain why I chose the specific fluids or the rate but I believe I would have recommended and prescribed specific fluids because I felt they were appropriate at the time. The rate would have been influenced by the infant's oral fluid intake and the choice of fluids may have been influenced by the infant's blood glucose measurements.

2a (iii) I don't know for certain why it was me who prescribed the fluids for W2 on 20<sup>th</sup> October 1996 except that unlike Clare Roberts W2 was admitted under my care and was not under a General Paediatrician. I believe 22<sup>nd</sup> October 1996 was a Sunday and it is likely that I would have reviewed W2 on my own. It would therefore have fallen to me in the absence of my Registrar or SHO to write the prescription for the intravenous fluids on that day if I was asked to do so.

(b) Please explain:

- (i) What constituted the 'exceptional circumstances' in which you provided input into the choice of Patient W.2's fluids
- (ii) Why you involved yourself in the 'management' of Patient W.2's fluids

2b (i) It appears from the available notes that W2 was under my care rather than the care of a General Paediatrician. Since it was a Sunday I suspect my SHO and Registrar were not available.

2b (ii) See 2a (iii)

(c) Please distinguish between the features of Patient W.2's case and those of Claire's case in terms of the 'exceptional circumstances' that warranted your input into the choice and/or management of IV fluids for Patient W.2 but not for Claire

2c W2 was admitted under my care. Claire Roberts was admitted under the care of a General Paediatrician and I was asked to consult on Claire.

### Midazolam administration

(3) "20.10.96 ...

... we will need to give IV midazolam

D Webb" (Ref: 150-016-005)

(a) Please confirm that this is your note and signature

3a I believe this is my note and signature

(4) "18/10 Inj Midazolam 0.75ml 11.20am IV [illegible]" (Ref: 150-016-007a)

"21/10 Inj Midazolam 1.3ml 11.20am IV [illegible]" (Ref: 150-016-007b)

- (a) Please identify the author(s) of the above two notes
- (b) Please confirm that these are accurate records of your directions
- (c) If not, please identify who provided the direction and in what circumstances

4a I am unable to identify the author of this note

4b These are not records of my directions. I advised in my clinical note that this infant would require sedation for his/her lymph node biopsy procedure and recommended midazolam. I did not make recommendations about the dose.

4c I don't know who provided this direction.

(5) In your evidence to the Inquiry you have stated:

*"I believe I suggested Midazolam as the next option for Claire but I would not have been certain of the dose and would have had to check this by reviewing papers kept in my office. [...] I cannot recall for certain the dose that I recommended but I believe this would have been a loading dose of 0.15mg/kg. I believe this because this was the dose recommended in the principle paper describing midazolam use in this situation at the time - Rivera Ret al (Crit Care Med 1993;21(7)991-994). There were several other shorter papers recommending a similar bolus dose."*(WS-138-3, p.2)

*"Q. [Before your direction in Claire's case] had you used [midazolam] in the Children's Hospital since your return from Canada?A. No."* (Transcript of the Oral Hearings, 30<sup>th</sup> November 2012, p.245, lines 15-20)

(a) Please explain:

(i) Why midazolam was being prescribed for Patient W.2

(ii) Whether you would have had to check and/or confirm the dosage of midazolam prior to prescribing it for Patient W.2 and if not, why you needed to check the dosage that you prescribed for Claire

(iii) Your statement that prior to Claire's case, you had not used midazolam in the Children's Hospital since your return from Canada

5a (i) I believe Midazolam was being prescribed for W2 to induce sedation for a needle aspiration of a lymph node in the neck.

5a (ii) I may have recommended midazolam for sedation in W2 but I do not believe that I prescribed it or recommended a dose for sedation. I was aware that midazolam was used in sedation but I would not personally have prescribed it.

5a (iii) The passage cited above is from the oral hearings from the 30<sup>th</sup> November - in this passage I was referring to the use of midazolam to treat epilepsy. I had not prescribed or used intravenous midazolam for the treatment of epilepsy - in Belfast prior to Claire's case.

(6) Provide any further points and comments that you wish to make, together with any relevant documents.

*D Webb* 20.7.13  
DAVID WEBB