Witness Statement Ref. No. 142/2

NAME OF CHILD: Claire Roberts

Name: Brigitte Bartholome

Title: Dr

Present position and institution:

Consultant Paediatric Emergency Department

Royal Belfast Hospital for sick Children

Belfast Trust

Previous position and institution:
[As at the time of the child's death]

Senior Registrar, Royal Belfast Hospital for Sick Children

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement dated 22nd January 2012]

None

Previous Statements, Depositions and Reports:
[Identify by date and title all those since your Witness Statement dated 22nd January 2012]

None

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

Ref:	**Date:**	
WS-142-1	22.01.2012	Inquiry Witness Statement

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.

QUERIES ARISING OUT OF YOUR INITIAL WITNESS STATEMENT

With reference to your Witness Statement dated 22nd January 2012, please provide clarification and/or further information in respect of the following:

(1) Answer to Question 3(a) at p.4:

"The Registrar on call would be called for advice for the junior doctors, to review children both on the wards and the Emergency Department and for acute treatment of acutely unwell children. Crash calls – urgent review and treatment of children whose condition had seriously deteriorated – were led by the registrar on call."

(a) In light of Claire's continued lack of responsiveness and condition at 17:00 on 22nd October 1996 (Ref: 090-022-055), explain your duties and responsibilities as Senior Registrar on call to attend, review and monitor Claire during your overnight shift on 22nd/23rd October 1996, independent of whether you were contacted by either Dr. Stewart or nursing staff about Claire.

Reply:

As the registrar on call, I would be contacted by senior nursing staff or the junior medical staff if they had any concerns about acute changes in the condition of a patient on the ward. I would give advice regarding further treatment and/ or review the patient.

I cannot give any more specific details about Claire Roberts's management by me that night – I have to completely rely on the notes in her chart.

I do not recall the events of that night – especially I am unable to say how many other patients I personally saw/ reviewed that night both on the wards and the Emergency department who presented with a severe illness needing immediate action, a severe deterioration of their condition or other problems requiring my attention.

(2) Answer to Question 4(b) at p.4:

"I was not involved in Claire's case in PICU"

(a) Describe your involvement, if any, in the transfer of Claire from Allen Ward to PICU. In particular state if you supervised the transfer until Dr. McKaigue arrived.

Reply:

The child was intubated by a senior anesthetist (Dr Clarke) on Allen ward. The transfer of Claire, who was intubated, would be lead by the anesthetist maintaining the airway. Other medical staff involved in the acute resuscitation- in Claire's case that included me- would accompany the child and assist as much as possible.

Examples: Help to supervise monitors, assist in contacting other medical and technical staff required -ie radiology-, filling out forms for and do further tests as requested, keeping the family informed as much as possible.

(3) Answer to Question 9 (e) at p.7:

"I spoke to Dr Clarke, anaesthetist on call that night, Dr McKaigue, consultant anaesthetist and Dr Steen, consultant paediatrician on call about Claire's condition. I cannot recall the details of the conversations"

(a) State which of these conversations took place prior to your attendance at 03.00, and which took place following your attendance at that time.

Reply:

I cannot recall the definite sequence of calls that were made that night. I can only answer describing what would usually happen in an acute resuscitation like the one of Claire:

The initial resuscitation would be ongoing- here led by me as the Senior registrar on call -because of the sudden respiratory arrest requiring immediate and continuous treatment to maintain Claire's airway. PICU would be contacted to get the most senior anesthetist present to attend and help with the maintenance of the airway. Dr Clarke was in the hospital and came down to Allen ward as soon as possible.

Any staff member present could have made that call.

I would not have left Claire to phone other members of staff myself until the airway had been secured by Dr Clarke who intubated Claire.

Dr McKaigue was contacted - he was the consultant paediatric anesthetist on call that night - and had to accept Claire as a patient needing PICU. He also was contacted because it was clear that he would be required to attend in person to help to organize Claire's care in PICU.

This call could have been made by any member of the medical team including myself as the airway would have been maintained at that stage.

The calls to the anesthetic team would be made following my initial attendance.

Dr Steen was contacted as the paediatric consultant on call that night to inform her of the acute deterioration of Claire. I cannot say if she was contacted prior to the start of the resuscitation. Dr Steen came in to review the patient in PICU and make decisions- assisted by Dr McKaigue- on further medical treatment.

(4) Answer to Question 21(a)(i) at p.14:

"At that time the handover was informal without any proforma for a written handover. Notes were made by the individual doctors as they felt appropriate."

(a) Describe the normal procedure for the handovers of patients between clinicians in October 1996, including who would normally do the handover and what information would normally be conveyed.

Reply:

The handovers occurred on a daily basis. This was not a formalized process.

The senior doctor working in the general paediatric ward would inform the senior doctor working the night shift regarding the patients on the ward, their conditions, investigations and management plan. The doctors working on specialty wards- for example Clarke Clinic (paediatric cardiology ward) would formally inform the doctor on night shift regarding their patients. This would occur with all paediatric specialties and general paediatric patients. Handovers occurred at 0900 and 1700.

Answer to Question 22(c) at p.15:

"Contact with the consultant [regarding the blood result at 23:30] is not documented"

(b) You have not adequately answered the question. State whether you contacted and informed a consultant of this blood result.

Reply:

I do not recall if I contacted the consultant regarding this blood result or not.

(c) If you did not contact a consultant, explain why you did not do so on receiving this information from Dr. Stewart.

Reply:

I do not recall if I contacted the consultant about the blood result or not.

(d) State whether it would have been your usual practice in October 1996 to document such a communication with a consultant in the medical notes.

Reply:

I generally would document discussion with a consultant- but when talking about one patient another patient could be discussed and these discussions would not always be documented.

(5) Answer to Question 22(f) at p.15:

"A repeat electrolyte specimen prior to transfer to PICU is not documented."

(a) You have not adequately answered the question. State whether an urgent repeat blood sample was taken to check Claire's serum sodium level. If so, state when this was done, by whom and the sodium result of that second sample.

Reply:

I can only answer the question as documented in the chart of Claire Roberts .I have no knowledge of a repeated electrolyte specimen having been carried out while the patient was on the ward.

(b) If you did not request an urgent repeat blood sample, explain why.

Reply:

I have no knowledge of a repeated electrolyte specimen having been carried out.

(c) State whether it would have been your usual practice in October 1996 to document such a request in the medical notes.

Reply:

Advice given over the telephone by me to a junior doctor would not routinely be documented by me in the clinical notes later. I am unable to recall if this verbal advice was given by me.

(6) Answer to Question 22(g) at p.16:

"It is not documented that I performed a clinical examination of Claire."

(a) You have not adequately answered the questions. State whether, on receipt of the result, you conducted a clinical examination and/or reassessment of Claire. If so, state when you did so, what you considered and the outcome of this reassessment.

Reply:

I do not recall the details of the events of the night in 1996- I am answering the questions relying only on the existing documentation of Claire's chart.

A examination performed by me is not documented.

(b) If you did not conduct a clinical examination and/or reassessment of Claire on receipt of the result, explain why.

Reply:

Please see above

(c) State whether it would have been your usual practice in October 1996 to document such an examination / reassessment in the medical notes.

Reply:

It would have been and continues to be my usual practice to document a thorough clinical examination of a patient, my finding and actions following the examination.

(7) Answer to Question 22(h) at p.16:

"I asked Dr Stewart to reduce the IV fluids to 2/3 of the maintenance rate and to check the urine osmolality."

(a) Explain why the only actions you directed to be taken were *"to reduce the IV fluids to 2/3 of the maintenance rate and to check the urine osmolality."*

Reply:

I am unable to recall if this was the only advice given by me over the telephone. I am only able to quote the note documented by Dr Stewart in the chart.

The aim of the reduction of iv fluids given to 2/3 of maintenance was to reduce the risk of relative hypervolaemia causing the low sodium..

The urine osmolality helps to determine if the patient is overhydrated.

(8) Answer to Question 23(d) at p.17:

"I cannot remember whether I considered [inducing a dieresis with IV mannitol and ventilating Claire to reduce her partial pressure of carbon dioxide]"

(a) Explain why you did not take any of the following measures to manage Claire's low serum sodium concentration of 121mmol/L and any cerebral oedema:

(i) Restricting fluids further

(ii) Changing the type of fluid to one with a higher sodium concentration

(iii) Inducing dieresis e.g. by administering mannitol

(iv) Ventilating Claire to reduce her partial pressure of carbon dioxide (PCO2) to reduce intracranial pressure.

Reply:

I am unable to answer any of the above questions. I do not recall what happened that night and can only rely on the documentation available in Claire's notes.

(9) Answer to Question 24(f) at p. 18:

"Her Glasgow coma scale fluctuated between 6-8. She had a GCS of 6 at 16.00 and 17.00, again from 9pm until 2am the 23rd October 1996."

(a) Explain to what you attributed Claire's reduced Glasgow Coma Scale of 6:

(i) Between *"16.00 and 17.00"*

(ii) *"From 9pm until 2am"*

Reply:

I used the CNS observation chart from the nursing staff to answer the question 24 (f). [See 090-039-137]

(10) Answer to Question 24(l) at p. 19:

"No documentation exists stating who contacted Dr. Steen about this event."

(a) You have not adequately answered the question. State the reasons why Dr. Steen was contacted in relation to Claire at that time.

Reply:

Dr Steen was the paediatric consultant on call on the night of the 21st/22nd October 1996. One of the patients - Claire - had seriously deteriorated and had to be transferred to PICU.

It is our standard practice to inform the consultant on call of these events.

(b) State whether you contacted Dr. Steen at approximately 03.00 on 23rd October 1996, and if so, state the reasons why you did so.

Reply:

Claire Roberts had seriously deteriorated and required intubation and transfer to PICU.

The consultant on call would always be informed of such an event.

(11) Answer to Question 30(a) at p.21:

"The consultant paediatric neurologist on call would be the first point of contact for acute neurology concerns of any of the patients under their care. I do not have the rota of the paediatric neurology consultant for the month of October 1996."

(a) State if Dr. Webb had a registrar and SHO allocated to the Neurology department as part of the neurology service.

Reply:

The junior medical staff Rota of the RBHSC for the time period of the 7th August 1996 - 4th February 1997 shows that

The senior registrar working in Paul ward was Dr Andrew Thompson.

The 2nd term SHO working in Paul ward was Dr A Jyothi.

(b) On 22nd October 1996, identify Dr. Webb's neurology

(i) registrar

(ii) SHO.

Reply:

According to the junior medical staff Rota,

Paul ward registrar: Dr A Thompson

Paul ward SHO Dr A Jyothi.

I am unable to state if the doctors were working on the 22nd October 1996 specifically.

(c) State if Dr Webb's neurology

(i) registrar

(ii) SHO.

liaised with you at any time during your treatment of Claire and if so, state when this happened, what was discussed and what happened as a result.

Reply:

I am unable to answer this question. It is not documented in Claire's chart that the junior neurology staff liaised with me regarding her treatment.

Dr Webb usually wrote the notes on patients he saw himself.

(12) Answer to Question 46 on p.26:

"There is no documentation regarding my communication with Claire's parents. I do not remember if I spoke to Claire's parents".

(a) State whether it would have been your usual practice in October 1996 to document such communication in the medical notes.

Reply:

Children who are inpatients in the RBHSC are usually accompanied by at least one family member during their stay in hospital who stay with them 24 hours a day, especially when they are really unwell. I do not document every conversation I have with parents of sick children.

(b) Explain whether you believe you should have contacted Claire's parents regarding the serum sodium result at 23.30.

Reply:

I assume that at least one family member was with Claire throughout the night. She was very sick. Claire had had many tests and investigations performed. I usually would inform parents of test results and their meaning as far as this is possible.

(c) State whether you discussed with Dr Stewart the possibility of informing Claire's parents of her deteriorating condition at 23.30 on 22nd October 1996, and if so, state what was discussed and what was done as a result. If not, explain why.

Reply:

I cannot state if I discussed this with Dr Stewart as there is no documentation about this topic in the notes. I do not recall the specific details of the night of the 21st/22nd of October 1996.

(13) Answer to Question 47(a) on p.27:

"I am unable to say when I first heard about the Adam Strain Inquest in 1996."

(a) State whether you were aware of the case of Adam Strain and/or his inquest prior to Claire's admission to RBHSC on 21st October 1996, or whether you only learnt of Adam's case subsequent to your care of Claire.

Reply:

I was aware of the Adam Strain inquest prior to Claire being admitted to the RBHSC.

ADDITIONAL QUERIES

Please find attached CT scan request dated 23rd October 1996 (Ref: 302-041-002 to 003). Please answer the following queries that arise from this document:

(14) Relevant History, clinical findings and previous operations:

"Mental handicap, usually active and alert, walking and very chatty. Drowsy for last 36 hrs

? cause.

Respiratory arrest at 3am ? Cause

Severe cerebral oedema

Pupils fixed and dilated"

(a) State whether this is your handwriting and signature on this document. If not, identify the author.

Reply:

I am the author of the CT request 302-041-002

(b) State with whom you discussed Claire's case before you completed this form. State when and what you discussed.

Reply:

The request was written when Claire was intubated and ventilated in PICU. Numerous medical staff members including 2 consultants were dealing with Claire. I cannot state definitely with whom I spoke prior to writing the form. I must have spoken with Dr Steen, Dr Clarke and Dr McKaigue at least.

(c) Identify any notes or records (by page number if possible) you examined prior to completing this form.

Reply:

I cannot clearly answer this question. Claire had had a respiratory arrest at 3 am, had required intubation and transfer to PICU. She had fixed dilated pupils in PICU.

I am unable to say which page of the notes I reviewed prior to writing the CT request.

(d) Identify specifically the source of your statement that Claire had a *"mental handicap"*.

Reply:

I cannot identify the definite source of this information. Claire was known to have severe learning problems. Examples of this being documented: The GP referral letter

090-011-013, ED attendance note 090-011-012, admission note of Dr O'Hare 090-022-050.

(e) Identify specifically the source of your statement that Claire had been *"drowsy"* for the past 36 hours.

Reply:

The child was admitted with vomiting and drowsiness [090-022-050].

I cannot identify the specific source for my knowledge - this was the complaint she was treated for. I assume I would have been given this information at the handover at 1700.

(f) Explain why you noted *"? Cause"* twice but did not note any of the diagnoses made previously in Claire's case.

Reply:

The radiology department required a written request to be able to perform the CT investigation.

No definite diagnosis had yet been made- Claire was treated for possible seizures, covered with antibiotics for a possible bacterial infection of the brain and covered with Acyclovir for possible herpes encephalitis.

She had had a respiratory arrest-the cause of this event was not known.

The CT was requested to help to diagnose her condition(s).

(g) Explain why you did not include Claire's serum sodium results at 23.30 on 22 October 1996 and at 04.00 on 23 October 1996 in this form

(i) Generally

Reply:

I cannot explain why I did not include the sodium result on the request form.

(ii) Specifically in relation to the cause of the respiratory arrest

Reply:

See above

(h) Explain the reasons for not including on that form any references to hyponatraemia and SIADH.

Reply:

I am unable to explain why I did not mention the low sodium on the request form.

(i) Explain why the *"Ward or Dept"* section is not filled in.

Reply:

It should have been filled in as a part of the document of the radiology form requesting a CT.

(j) Explain why the *"Physician or Surgeon"* section is not filled in.

This section should have been completed

Claire was intubated and ventilated when being transferred to the main Royal Hospital for her CT.

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

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

Signed: Dr Brigitte Bartholoo **Dated:** 18th June 2012