

Witness Statement Ref. No.

151/1

NAME OF CHILD: Claire Roberts

Name: Lorraine McCann

Title: Staff Nurse, RBHSC

Present position and institution:

Staff Nurse - Woman and Child Health, Childrens Rapid Response Unit, Ulster Hospital

Previous position and institution:

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

Staff Nurse - Allen Ward, 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 statements, 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 that number.

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

- (1) Describe your work commitments to the Royal Belfast Hospital for Sick Children (RBHSC) from the date of your employment there as a nurse, including the department/s and locations in which you worked and the periods of time in each department/location, and in particular with regard to the period 21st October 1996 to 23rd October 1996.**

I was employed as a staff nurse in Allen Ward from January 1992 until May 2005.

- (2) State the times at which you were on duty between 21st October 1996 to 23rd October 1996 and in particular:**

I do not remember but from my signature on the nursing evaluation sheet (090-040-138 &139) I was on night duty in Allen ward from 830 pm on 22/10/96 until 8 am on 23/10/96.

- (a) Whether you were on duty and present in the hospital at all times or**

I would have been on duty and present in the hospital during the above shift.

- (b) Whether you were on call during that period**

No I was not on call.

- (c) What contact you had with Claire and her family during that period including where and when that contact occurred**

I do not remember.

- (3) Describe what you considered to be your role in relation to, and responsibilities towards, Claire and her family over the period from her attending A&E in RBHSC on 21st October 1996 until 23rd October 1996 when ventilatory support was withdrawn, and in particular:**

- (a) From Claire's attendance at A&E at RBHSC until her arrival in Allen Ward**

None

- (b) While Claire was in Allen Ward until her admission to PICU**

To provide appropriate nursing care to Claire and reassurance to her parents.

- (c) From admission to PICU until her death**

None

(4) Describe your role, responsibilities and actions in relation to:

(a) Claire's fluid administration, monitoring and management

To ensure that the correct fluid prescribed by medical staff was running at the correct rate for the correct length of time, that the amount delivered was recorded hourly on the fluid balance chart and that the site of administration was patent.

(b) The making and recording of observations of Claire including determining the type of and reviewing the frequency of those observations

To record the observations requested by medical staff and the frequency of the observations would have been indicated by medical staff.

(c) Revising Claire's Nursing Care Plan based on changes in her condition

To plan nursing care based on patient assessment and evaluate the care.

(5) In relation to the actions which you have described above in respect of Claire's fluid management etc. and the making of observations etc.:

(a) Explain the reasons for your actions

It was my role as a registered nurse

(b) State which of them you carried out on the express instructions of a doctor, identifying in each case:

(i) the doctor concerned

(ii) the instructions they gave you

(iii) when they gave them to you

I do not remember

(c) Whether you sought advice from or consulted with any other doctors or nurses prior to taking any of those actions, and if so:

(i) identify the person(s) from you sought advice/consulted and state when you did so

(ii) state the nature of the advice you sought/the issues on which you consulted

(iii) state the advice that you received and identify the person who gave it to you

(iv) if you did not seek any such advice or consultation, explain why not.

I do not remember

(6) Describe and explain any discussions you had with any doctors and/or nursing staff in relation to Claire whilst you were on duty between her attendance at A&E on 21st October 1996 and 23rd October 1996, including:

- (a) The identity of the person concerned
- (b) Where and when the discussions took place
- (c) What prompted the discussions

I do not remember

(7) State whether you reported Claire's condition, including her blood results, to any doctor(s) at any time during your period on duty over 21st October 1996 to 23rd October 1996, and if so:

I have no recollection, but according to the record of attacks observed (090-042-144) my signature indicates that I informed medical staff of an observed attack at 9pm on 22/10/96.

(a) Identify the doctor(s) to whom you reported and state the time at which you reported

I do not remember

(b) State the means by which you conveyed that report e.g. orally, in person, by telephone, in writing

I do not remember

(c) Describe and explain what you reported

I do not remember but according to the record of attacks observed (090-042-144) I reported an episode of screaming and drawing up of arms.

(d) State whether, as a result of your report, Claire:

(i) was reviewed or reassessed, and if so explain the result of any such review/assessment

(ii) had her care/treatment changed, and if so describe any changes that were made and explain the reason for them

I do not know

(e) If Claire was not reviewed/reassessed or did not have her care/treatment changed, then please give the reasons

I do not know.

- (8) State whether you discussed Claire and her condition with the night sister, and if so, state when and where you discussed Claire, the nature of the discussion and what the outcome of the discussion/s was and provide the name of the night sister(s) covering Allen Ward on the night of 22nd October.

I do not remember.

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

I do not remember but my signature and date and time are on the record of attacks observed (090-042-144) and my signature is on the nursing evaluation form (090-040-139)

- (a) when each of the identified entries was made

Each of the entries made by myself were at the date and times recorded on the record of attacks observed at 9pm 22/10/96 (090-042-144) and the nursing evaluation form at 3.25am 23/10/96 (090-040-139) and 2100, 2200, 2300 22/10/96, 0100 23/10/96 on Fluid Balance and IV Prescription Sheet (090-038-135) and drug recording sheet document 090-026-077 at 23:20.

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

The source of the information on document 090-038-135 was the measurement of fluid from a drip counter. The source of the information on document 090-042-144 would have come from patient observations. The source of the information on document 090-040-139 would have come from nursing evaluation. The source of the information on document 090-026-077 would have come from the drug prescription sheet.

- (10) State whether you checked what was written in the medical notes about Claire at any time, and if so, state when and why you did so. If you did not do so, state the reasons why not.

I do not remember

- (11) Explain the policy and procedure at the RBHSC in October 1996 for nurses contacting a Registrar on the appropriate clinical team directly if they were unhappy with the SHO's/junior doctor's response

I do not remember any policy but the registrar carried a bleeper and they could be contacted through this.

- (12) Explain the policy and procedure at the RBHSC in October 1996 for nurses contacting the on-call consultant responsible for the patient directly if they were unhappy with the responses of SHO/registrar

I do not remember any policy but consultants' telephone numbers were available on the ward.

- (13) State whether you were present at any time while Claire was being examined by a doctor, and if so, identify the doctor conducting the examination, and state when this occurred and what you were informed about Claire's diagnosis, condition and management at that time.

As my signature is on document 090-040-139 I must have been present when a doctor was in attendance but I do not remember being there and do not remember the doctor(s) in attendance.

- (14) State when you commenced duty on Allen Ward on 22nd October 1996 whether there was a "handover" to you in relation to Claire.

I cannot remember but we would have had a handover of all the patients on the ward.

- (a) If so, identify the person who conducted that "handover" and state the information communicated to you about Claire at that time.

I do not remember

- (15) In relation to Claire's admission to Allen Ward:-

- (a) State your understanding on 22nd October 1996 of the reasons for Claire's admission to Allen Ward, and state the basis of this understanding. In particular state whether you had been informed or were aware of the primary diagnosis of "encephalitis?" in A & E (Ref: 090-012-014), Dr. Bernie O'Hare's diagnosis of "1. Viral illness 2. encephalitis" (Ref: 090-022-052) or the later diagnosis on 22nd October 1996 of "non fitting status [epilepticus] / encephalitis / encephalopathy (Ref: 090-022-053), and if not, state the reasons why not.
- (b) State whether you saw and read the entries on Claire's Accident and Emergency Department Nursing Assessment at Ref: 090-010-012 including the description of "EPILEPTIC", and if so, state when and where you read it, and what account you took of the description of "EPILEPTIC" in making your assessment of Claire.
- (c) State any information provided to you by Claire's family in relation to the reason for her admission to Allen Ward and her management.
- (d) State any information you gave Claire's family in relation to the reason for her admission and the plan for her management.
- (e) Identify the documents you saw at that time relating to Claire's admission and in particular state whether you saw at that time:
- (i) Claire's A&E notes
- (ii) Claire's medical notes on admission to Allen Ward and thereafter

And if not, state the reasons why not.

- (f) Identify any person/s who briefed you /handed over to you regarding Claire, the reasons for her admission to Allen Ward, the diagnosis, her treatment, care and management, and state when you were given this information.

- (g) Identify the person/s who were responsible for informing the nursing staff on Allen Ward of the reasons for Claire's admission and the ongoing diagnosis of Claire's condition.

I do not remember

(16) State where Claire's bed was located on Allen Ward.

- (a) In particular, state whether she was in a bay on the general ward.
- (b) If she was in a bay, state how many beds were in the bay
- (c) If she was in a room, state how many beds were in the room, and how many patients were in the room during her care
- (d) The distance she was positioned from the nursing station
- (e) If she was moved at any time within the ward, state when, to where and why she was moved

I do not remember

(17) In relation to the Fluid Balance and IV Prescription Sheet (Ref: 090-038-135)

- (a) Identify precisely the entries that you made or which were made on your direction.

According to my signature I made entries at 21:00, 22:00, 23:00 and 01:00 on document 090-038-135

- (b) What is the significance of the entry '*red*' under your signature on the fluid balance chart at 22.00 hrs on 22nd October 1996 (Ref: 090-038-135). What action was taken, if any, in relation to this and where is this recorded?

When recording hourly observations of IV fluids if the site was red it was recorded on the fluid balance chart so that the site could be closely observed. As I have signed for the IV fluids at 23:00 the site must then have been patent.

- (c) In relation to the entries '*small mouthfuls*' under '*aspirate or vomit*' at 24.00 hrs, state what this means and what action you took as a result of these observations and where this is recorded.

I do not recall recording this but it means that the amount was small and I do not remember what action was taken.

- (d) The Nursing Care Plan states '*observe amount, colour, consistency of vomiting*' and '*record accurate fluid balance chart*' (Ref: 090-043-146). Explain the reasons why you did not record the quantity and colour of the '*small mouthfuls*'.

It is difficult to measure the exact amount of vomit unless it is collected in a receptacle. I do not remember why I did not record the colour of the small mouthfuls.

- (e) Identify the person who measured Claire's weight which is noted as 24.1kg and state the means by which, when and where this was measured.

I do not know as I was not on duty

- (f) State the type and volume of the IV fluids being administered and the rate of administration on 22nd and 23rd October 1996 while you were on duty.

I have no recollection but according to the fluid balance chart (090-038-135) when I came on duty 500mls of No. 18 solution was running at 64mls/hour. Also, 500mls of normal saline plus 60mg of midazolam was in progress. There was also an entry of IV Acyclovir at 21:00 and IV Phenytoin at 24:00. According to the IV prescription sheet (090-038-136) fluids were changed to 500mls No. 18 solution plus 20mmols KCl running at 41mls/hour at 11:40 pm.

- (g) Specifically, state whether the fluids being administered were No.18 Solution or normal saline (Ref: 090-038-136).

No. 18 solution and normal saline.

- (h) Please state your understanding regarding the change of prescription from 'N.Saline' to 'No18'. (Ref: 090-038-136)

I do not know

- (i) Identify the person who prescribed the type, volume and rate of administration of IV fluids for Claire on 22nd and 23rd October 1996 in Allen Ward.

I do not know and I cannot identify the signatures on the IV prescription chart (090-038-136)

- (j) State any input you had into the choice of IV fluid, volume and rate of administration of that fluid for Claire.

I did not have any input as this would be the decision of the medical staff.

- (k) Explain why IV solution of 0.18 Saline/4% dextrose continued to be administered to Claire on 22nd October 1996 when on admission she had been "Vomiting at 3pm and every hour since" (Ref: 090-022-050), and she continued to vomit frequently overnight after her admission on 21st October 1996 (Ref: 090-038-133).

I do not know. This would be decided by medical staff.

- (l) State the reasons why Claire's urine output was not measured, monitored and recorded, particularly as Claire was wearing a nappy and the Nursing Care Plan stated the requirement for an accurate fluid balance chart (Ref: 090-043-146).

This would not have been done routinely unless ordered by the medical staff.

- (m) State whether you considered catheterising Claire on 22nd October or 23rd October 1996 and if so, state when you considered this and the reasons why. If you did not consider this, state the reasons why.

This would be decided by medical staff.

- (n) State whether there was equipment available and whether it was possible to measure the specific gravity of Claire's urine on the ward, and if so, state why this was not done. If either there was not the equipment or it was not possible to do so, explain the reasons why not.

I cannot remember but this would be done under instruction of medical staff.

- (o) State whether consideration was given to the possibility of passing a naso-gastric (NG) tube. If so, identify who discussed this, when, and why it was not done. If a NG tube was not considered, explain why not.

This would be a decision of the medical staff.

- (p) State the "hospital policy" on administration of fluids in October 1996 including the hospital policy on type and volume of fluid, and rate of administration, and the review and reassessment of the fluid regime in Claire's case. (Ref: 090-043-146)

I am not aware of any hospital policy

- (q) State what you understood to constitute an "accurate fluid balance chart" in October 1996. (Ref: 090-043-146)

Accurate recording of all fluids taken in and put out where possible.

- (r) State whether measuring and recording the quantity of Claire's vomit and urine output would have been required in October 1996 to constitute an "accurate fluid balance chart".

It was acceptable to write size of vomit and urine unless otherwise requested by medical staff.

- (s) State whether a doctor was informed of Claire's failure to pass urine for 7 hours on 22nd October 1996, and if so, identify which doctor was so informed and when they were so informed. If not, state the reasons why a doctor was not informed of this.

I do not know as I was not on duty.

- (t) State whether you informed or discussed with any doctor the "small mouthfuls" of "aspirate or vomit" recorded at 24.00 or 01.00, and if so identify the doctor, when s/he was informed of this, and what was the outcome of that discussion or provision of information. If you did not discuss or inform any doctor, state the reasons why not.

I do not remember.

(18) "Send urine for osmolality" (Ref: 090-022-056)

- (a) State whether a urine sample was sent "for osmolality" and if so, state the result of that test and where that result is recorded.

I do not remember but according to fluid balance chart (090-038-135) Claire had not passed urine between the doctors note at 23.30 and transfer to PICU.

(19) "9.30pm. First dose of IV Acyclovir erected by doctor and run over one hour. Hyponoval infusion increased by 0.1 ml every 5 minutes until running at 3mls/hr as prescribed by doctor -completed at 10.40pm.

Additional information. Line inserted (R) hand. Bloods - U&E. Phenytoin level" (Ref: 090-040-138).

- (a) State whether you considered whether closer observation of Claire was needed to ensure her airway was clear, when the diagnosis was changed to non-fitting status epilepticus, due to the risk that breathing could be affected.

I do not know. This diagnosis was made when I was not on duty.

- (b) When Claire's diagnosis was changed to non-fitting status epilepticus, state whether you were aware at that time of the possibility of either dehydration or fluid overload due to Claire's altered consciousness, and if so, state what action you took to manage this risk. If not, state the reasons why not.

I do not know as I was not on duty at this time.

- (c) Identify who erected and administered to Claire the "First dose of IV Acyclovir" on 22nd October 1996, and whether you were present during this.

I do not remember.

- (d) State the nature of the diluents in which the "IV Acyclovir" was administered.

I do not know.

- (e) State when the "Hyponoval infusion" was "increased by 0.1 ml every 5 minutes until running at 3mls/hr", and identify the doctor who prescribed this medication.

According to document 090-040-138, the Hypnovel was increased by 0.1ml every 5 minutes during the period 21.30 to 22.40. The cardex document 090-026-073 was rewritten

at 21.30 and according to document 090-040-138 it was running at 3mls per hour at 22.40. I do not know which doctor prescribed it as I cannot read the signature.

- (f) While Claire was being given midazolam, state whether you considered Claire to have been at risk of respiratory depression, and if so, state what actions you took in relation to this. If you did not consider this, state the reasons why not.

I do not remember.

- (g) During the infusions, state whether you considered making and recording vital signs more frequently, and if so, state the reasons why you considered this. If you did not consider this, state the reasons why not.

This would be a decision of the medical staff.

- (h) State whether Claire's level of consciousness combined with the sedative effect of the medicines could have resulted in breathing difficulties, and if so, state the reasons why. If not, state the reasons why not.

I do not know.

- (i) State whether you regarded Claire's condition at any time as warranting continuous heart monitoring, and if so, state the reasons why. If not, state the reasons why not.

This would be the decision of the medical staff

- (j) State whether you considered reviewing and revising Claire's care plan as a result of any of the treatments commenced during this period.

I do not remember.

- (k) State the reasons why, for what purpose and at what time a line was inserted in Claire's right hand on 22nd October 1996, and identify the person/s and their job title who directed that U&E bloods be tested at that time, the reasons for this test being conducted on the evening of 22nd October and the time at which the blood sample was taken from Claire.

I do not remember.

- (20) *"11pm. IV phenytoin erected by doctor and run over one hour - cardiac monitor in situ throughout infusion.*

Due to U&E results No 18 solution with 20mmols KCL erected as ordered by Registrar. To have fluid restriction of 41mls/hr.

Hourly CNS observations recorded - temperature elevated at 10pm - paracetamol given (at 8.30pm) by day staff

Additional information: Glasgow coma scale 6.

Other observations within normal limits" (Ref: 090-040-138)

- (a) State the reasons why a cardiac monitor was *"in situ throughout infusion"* during the IV phenytoin administered at 23.00.

To observe for cardiac arrhythmias.

- (b) State whether a cardiac monitor was *"in situ throughout infusion"* during the IV phenytoin administered to Claire about 14.45, and if so, state the reasons why. If a monitor was not used, state the reasons why not.

I do not know as I was not on duty.

- (c) State the nature of the diluents in which the *"IV phenytoin"* was administered.

I do not know.

- (d) State what *"KCL"* is and the purpose of it.

KCl is potassium chloride and it is used to correct or prevent low levels of potassium in the blood.

- (e) State the basis upon which IV fluids were restricted to 41 mls/hr as opposed to ceasing altogether.

I do not know as this would have been the decision of medical staff.

- (f) State whether a consultant was informed of Claire's U&E results, and in particular her serum sodium result of 121 mmol/L, and if so identify that consultant and state the time at which s/he were so informed. If no consultant was contacted on receipt of those blood results, explain why not.

I do not know as this would be done by medical staff.

- (g) State at what time Claire was given paracetamol, the quantity thereof, and identify the person/s who prescribed and administered this medicine.

According to the medicine cardex (090-026-077) Claire was given paracetamol at 8:25pm on 22/10/96 by staff nurse Ellison. It is difficult to read the dose from the prescription but it looks like 240 mg and I cannot read the doctors signature.

- (h) State whether you were concerned by the Glasgow Coma Scale of 6, and if so, state the reasons why. If not, state the reasons why not.

I do not remember.

- (i) Identify the *"Other observations"* which were *"within normal limits"*, and identify the document in which they were recorded.

The other observations within normal limits were pulse, oxygen saturations and pupil size and reaction from 23:00 onwards. They can be found on document 090-039-137.

- (j) State what you understand to be the normal ranges for vital signs in a child of Claire's age.

I understand the range of vital signs for a child of Claire's age are normally given for normal well children. They vary with each child and are only given as a guide.

- (k) State in what capacity Dr. Webb was to see Claire, and in particular whether care of Claire was being transferred to Dr. Webb or whether he was providing a specialist opinion/advice to the medical team who still retained responsibility for Claire's care and management.

I do not know.

- (21) *"23/10/96 - 2.30am. Slight tremor of right hand noted lasting few seconds. Breathing became laboured and grunting. Respiratory rate 20 per minute. O2 saturation 97%. Claire stopped breathing (Ref: 090-040-138)*

Dr. contacted immediately.

Oxygen and suction given. Registrar attempted to pass ET tube but unsuccessful - anaesthetist called and ET tube inserted.

Transferred to intensive care unit at 3.25am. No medication/drugs given." (Ref: 090-040-139)

"Paediatric Intensive Care Unit...

Reason for Admission: Respiratory arrest

Accompanied by: Nurse. Doctor." (Ref: 090-027-078)

- (a) Identify who made this note, and if this note was made at the one time or was added to over the course of your shift.

According to the signature on documents 090-040-138 and 090-040-139 I made the note. This note would have been made at the one time.

- (b) Identify the "Dr" who was "contacted immediately" and identify the person who contacted that doctor.

I do not remember.

- (c) Identify the person/s who contacted Dr. Steen at approximately 03.00 on 23rd October 1996, their position, and the reasons why they contacted Dr. Steen in relation to Claire

I do not know.

- (d) State whether the fall in the Glasgow Coma Score to 7 at 15.00 and to 6 at 16.00 and 17.00 and from 21.00 onwards caused you any concern, and if so, state the reasons why, what action you took in relation to that concern, whether you informed any other nurse or clinician of those scores, and if so, whom did you so inform and when did you do so. If the scores did not cause you any concern, explain the reasons why not.

I do not remember but I was not on duty at 15:00, 16:00 and 17:00.

- (e) State whether you regarded Claire's condition at any time as warranting continuous monitoring and 1:1 nursing, and if so, state the reasons why. If not, state the reasons why not.

This would be a decision of the medical staff.

- (f) State whether Claire's respiratory rate was elevated at any time and if so, state when this occurred, what that rate was, whether a doctor was informed of this and when s/he was so informed, and where this is recorded.

According to document 090-040-137 Claire's respiratory rate remained elevated throughout the CNS observations. As medical staff had been in attendance during the day of 22/10/96 they would have already been aware of this.

- (g) In light of Claire's condition from 17.00 onwards of being "*Very unresponsive - only to pain. Remains pale*", state whether you had any concerns relating to Claire's ongoing lack of responsiveness and improvement, and if so, what actions you took in relation to those concerns and when you took this action. If you had no such concerns, state the reasons why not.

I do not remember.

- (h) Identify who prescribed "*1/5 N at 64mls/hr*" for Claire and the document containing that prescription, and state when it was prescribed, when that infusion commenced at that rate and the basis upon which this type and volume of fluid and this rate of administration were prescribed for Claire given her condition.

The document is 090-038-134. I do not know who prescribed it as I cannot read the signature. According to the fluid balance chart (090-038-133) it appears the infusion commenced at 22:30 on 21/10/96 when I was not on duty.

- (i) Identify the "*Nurse*" and "*Doctor*" who are recorded as accompanying Claire to PICU (Ref: 090-027-078) from Allen Ward on 23rd October 1996.

I do not know.

- (j) State whether you were involved in transferring Claire from Allen Ward to PICU on 23rd October 1996 and identify all nurses and other clinicians by name and position who were involved in this transfer. If so, describe the nature of your involvement or the involvement of the other clinicians or nurses in that transfer.

I do not remember.

- (k) Identify the consultant/s and any other clinicians who accompanied Claire when she was transferred from Allen Ward to PICU.

I do not know.

- (l) Identify any nurses who accompanied Claire when she was transferred from Allen Ward to PICU.

I do not remember.

- (m) Identify the consultant or other clinician in PICU to whom Claire's care was transferred on 23rd October 1996.

I do not remember.

- (n) Identify the designated PICU nurse and any other PICU nurse/runner to whom Claire's care was transferred on 23rd October 1996.

I do not know.

- (o) State at what time Claire's handover to PICU clinicians took place on 23rd October 1996 and identify who was present during that handover.

I do not know.

- (p) Identify who carried out the handover to the PICU clinician/s on Claire's arrival in PICU on 23rd October 1996, and state what information was given to the PICU clinician/s, or if you do not recall specifically, what information was likely/normally given during that handover, about:

- (i) Claire
- (ii) the reason for Claire's transfer to PICU
- (iii) Claire's diagnoses since her admission to RBHSC and on transfer to PICU
- (iv) the cause of Claire's respiratory arrest and fixed and dilated pupils
- (v) Claire's serum sodium concentration since her admission and in particular the serum sodium concentration of 121mmol/L recorded at 23.30 in Claire's medical notes on 22nd October 1996 (Ref: 090-022-056), and the cause of these sodium concentration levels
- (vi) the cause of Claire's cerebral oedema
- (vii) the likelihood that Claire had SIADH and the possible causes of this syndrome
- (viii) Claire's fluid input and output since her admission
- (ix) Claire's presentation, attacks and central nervous observations since her admission

I do not know. Medical staff would normally give this information.

- (q) State at what time Claire's handover to PICU nurses took place on 23rd October 1996 and identify who was present during that handover.

I do not know.

- (r) Identify who carried out the handover to the PICU nurse/s on Claire's arrival in PICU on 23rd October 1996, and state what information was given to the PICU nurse/s, or if you do not recall specifically what information was likely/normally given during that handover, about:

I do not know who carried out the hand over to PICU nurses.

- (i) Claire
- (ii) the reason for Claire's transfer to PICU
- (iii) Claire's diagnoses since her admission to RBHSC and on transfer to PICU
- (iv) the cause of Claire's respiratory arrest and fixed and dilated pupils
- (v) Claire's serum sodium concentration since her admission, and in particular the serum sodium concentration of 121mmol/L recorded at 23.30 in Claire's medical notes on 22nd October 1996 (Ref: 090-022-056), and the cause of these sodium concentration levels.
- (vi) the cause of Claire's cerebral oedema
- (vii) the likelihood that Claire had SIADH and the possible causes of this syndrome
- (viii) Claire's fluid input and output since her admission
- (ix) Claire's presentation, attacks and central nervous observations since her admission

As I have not worked in Allen Ward for the past 6 years I am unsure as to what information would be given to PICU nurses at a hand over of patient.

- (s) Identify any protocols, guidance, procedure and accepted practice in October 1996 relating to the transfer to PICU and the handover to PICU staff, and please furnish copies thereof.

I do not remember any.

- (t) Identify the consultant you believed at that time to be responsible for Claire when she was admitted to PICU on 23rd October 1996, and the basis for your belief.

I do not know.

- (u) State the source of information of the details completed under "*Reason for Admission: Respiratory Arrest*" (Ref: 090-027-078).

I do not know.

- (v) State your understanding at that time of the cause of the respiratory arrest and the basis of that understanding.

I do not remember.

- (22) State whether you made any entry on the Central Nervous System Observation Chart (Ref: 090-039-137), and if so, identify each entry.

I do not remember.

- (a) State what you considered to be your responsibility as a staff nurse in relation to monitoring Claire's neurological observations

To record the neurological observations as requested by the medical staff.

- (b) State why Claire's neurological observations and vital signs were not completed in full from 21.00 onwards on 22nd October (Ref: 090-039-137)

I do not know.

- (c) State whether you informed any doctor/s of the fall in Claire's Glasgow Coma Score to 6 at 21.00, 22.00 and thereafter, and if so, identify which doctor/s you informed and state when you so informed them. If you did not inform any doctor/s, state the reasons why not. State your awareness of the Glasgow Coma Scale and the importance of the value of 6

I do not remember. The Glasgow Coma Scale is used to assess a patient's level of consciousness.

- (d) State from where you derived your figure of 6

I have no recollection of recording this but according to document 090-039-137 the value was derived from the 3 responses.

Eyes were closed - value 1

Incomprehensible sounds - value 2

Flexion to pain - value 3

Giving a value of 6

- (e) Identify the person who had assessed Claire's Glasgow Coma Score at 8 and recorded this score at 20.00.

I do not know.

- (f) Explain why there are no Glasgow Coma Score entries for 23.00 on 22nd October 1996 or at midnight.

I do not know.

- (g) State if you recorded Claire as being '*sluggish*' at 23.00 on the Chart and if so, what you meant by '*sluggish*'. If not, identify who wrote '*sluggish*'.

I do not recall who recorded this.

- (h) State if you discussed Claire's GCS scores with any other medical or nursing personnel, and if so, identify who you spoke to, what you discussed and when you discussed same

I do not remember.

- (i) As Claire's GCS does not exceed 6 from 21.00 on 22nd October 1996, state if any consideration was given by either nursing or medical personnel in regard to advising Claire's parents of her deteriorating condition from that time, particularly prior to their departure from the ward, and through the night. If so, state what was done about it. If not, explain why not.

I do not remember.

- (j) Explain the reasons why no respiratory observations are recorded on the chart for 20.00, 22.00 and 23.00 and identify who was responsible for recording these observations.

I do not know.

- (k) State whether you considered increasing the level of observation provided to Claire on 22nd and 23rd October, and if so, state the reasons why and the outcome of your consideration. If you did not consider this, explain why not.

This would have been the decision of medical staff.

- (l) State why there were no pulse rate recordings taken at 22.00, 23.00 and at midnight

The pulse rate is recorded at 2200 and 2400. I do not know why it was not recorded at 2300.

- (m) Explain the reasons why there are no blood pressure readings recorded for 22.00, 23.00 on 22nd October and at midnight on 23rd October, and identify the person who was responsible for taking those blood pressure readings and recording them.

I do not know.

- (n) State whether a doctor/nurse in charge/night sister was informed of Claire's temperature at approximately 22.00, and if so, identify who was so informed, and state by whom and when were they were informed and what action was taken in relation to that. If a doctor/nurse in charge/ward sister was not informed, state the reasons why not.

I do not remember.

- (o) State whether a doctor/nurse in charge/ward sister was informed of the reduction in Claire's oxygen saturation level from 23.00 onwards, and if so, identify who was so informed, and state by whom and when were they so informed and what action was taken in relation to that. If a doctor/nurse in charge/ward sister was not informed, state the reasons why not.

The values of Claire's oxygen saturations from 23:00 onwards were acceptable and therefore there would have been no need to inform a doctor or nurse in charge.

- (p) State whether there were any discussions regarding transfer of Claire to PICU during the evening of 22nd October.

I do not remember.

(23) State whether you made any entry on:

- (a) The record of attacks observed (Ref: 090-042-144), and if so, identify each entry and state in relation to each entry whether a doctor was informed of each attack, and if so, identify that doctor, state when s/he was so informed and what was done by him/her after this information was passed on. If a doctor was not informed, explain the reasons why not.

My signature indicates that I made an entry in document 090-042-144 at 9pm on 22/10/96. My entry indicates that the doctor was informed. I do not recall the name of the doctor or what followed this.

- (i) In particular, state if you witnessed Claire's episode of screaming and drawing up of arms recorded at 21.00 (Ref: 090-042-144). If so, identify who was present at the time and identify the doctor which is recorded as being informed and their job title, and state what was done by him/her after this information was passed on. Furthermore, state the reasons why this event was not recorded in the main nursing evaluation plan and any further action needed added to that evaluation.

I do not remember but as my signature is on the entry I must have done so. I do not remember who was present at the time or the identity of the doctor informed. I do not know why it is not recorded in the main nursing evaluation.

- (b) The document entitled "*Regular Prescriptions - Drug Recording Sheet*" (Ref: 090-026-077) and if so, identify each entry.

According to document 090-026-077 I made an entry at 11:25pm on 22/10/96.

- (c) The Intravenous Fluid Prescription Chart (Ref: 090-038-136), and if so, identify each entry.

My signature is not on the document 090-038-136 so therefore I did not make an entry.

- (i) State the reasons why no start and no finish time is entered on the Intravenous Fluid Prescription Chart (Ref: 090-038-136), and identify the person/s who were responsible for completing that column.

I do not know.

- (ii) State the reasons why the first row of the "erected by" column is not completed on the Intravenous Fluid Prescription Chart (Ref: 090-038-136), and identify the person/s who were responsible for making that note/entry.

I do not know.

- (24) In relation to the observations made in relation to Claire while you were on duty on 22nd and 23rd October 1996:

- (a) State whether you reviewed the frequency of observation at any time, and if so, state when, why and the outcome of your review. If you did not review this, state the reasons why not.

This would be the responsibility of medical staff

- (b) State whether there were any protocols, guidelines or practice and procedures manual/s in RBHSC in October 1996 which related to the observations which should be made in relation to a paediatric patient and the frequency of those observations.

I do not remember any.

- (c) State whether you informed the nurse in charge/night sister or any clinician of any changes in Claire's condition, and if so, state whom you informed, when you informed them of this, what you told them and where this is recorded or noted. If you did not inform them, explain why not.

I do not remember.

- (d) State whether the general observations of Claire included level of consciousness, prior to the commencement of the hourly neurological observations at 13.00.

I do not know as I was not on duty.

- (25) State if you noted any abnormalities in Claire's condition during your care

- (a) If so, state if you reported them to the doctor/nurse in charge/ward sister, to whom you reported, when you reported same, and what you discussed. If you did not report them, explain why not.

According to the records of attacks observed I informed the doctor of an episode of screaming and drawing up of arms. I do not remember the doctor concerned or what was discussed.

- (b) In particular, state whether a doctor was informed of Claire's systolic blood pressure readings in excess of 120 and Claire's respiratory rate being elevated at times at 30 breaths per minute on 22nd October 1996 (Ref: 090-039-137), and if so, identify the doctor so informed and the person who informed him/her of these changes, and state when that doctor was informed. If a doctor was not so informed, state the reasons why not.

I do not remember.

- (c) In particular, in relation to Claire's raised blood pressure of 130/70 recorded at 19.00, state whether Claire's blood pressure was checked again and a doctor informed. If so, state when it was checked and identify the doctor/s informed. If not, state the reasons why not.

I do not know as I was not on duty.

(26) In relation to Claire's Nursing Care Plan (Ref: 090-043-145 and 090-043-146):

- (a) State how often the Nursing Care Plan is reviewed

According to document 090-043-145 the care plan was to be reviewed daily. I do not know how often it was reviewed.

- (b) Identify the person who determined the frequency of review of the Nursing Care Plan.

The nursing care plan is signed by staff nurse McRandal.

- (c) State the reasons why the Nursing Care Plan was to be reviewed daily, rather than more frequently.

I do not know.

- (d) State the times when the Nursing Care Plan ought to have been reviewed on 22nd October 1996 and the reasons why.

From the time I came on duty on 22/10/96 there was no change in Claire's condition so therefore the care plan did not need to be reviewed.

- (e) State if you had any responsibility for overseeing or reviewing the Nursing Care Plan, and if so, state whether you considered reviewing the Nursing Care Plan more frequently and if so, state when, why and the outcome of your consideration. If you did not consider this, state the reasons why not. If you did not have responsibility for overseeing or reviewing the Plan, identify the person who was responsible for this.

As my signature was on the nursing evaluation document 090-040-138/139 it would have been my responsibility to review the nursing care plan. Since there was no change in Claire's condition at the time it would not have been necessary to review the care plan.

- (f) State whether a change in diagnosis by a doctor triggers a review of the Nursing Care Plan

Yes.

- (g) State if consideration was given to providing Claire with 1:1 nursing care, and if so, state how and when consideration was given, and the effect that this had on the Nursing Care Plan. If the issue was discussed with any other personnel, state with

whom this was discussed, when it was discussed, and what was discussed. If 1:1 nursing was not considered, state why it was not considered.

I do not remember but this would be the decision of medical staff.

- (h) State if consideration was given to increasing the frequency of observations of Claire's respiratory and/or neurological state, and if so, state how and when consideration was given, and the effect that this had on the Nursing Care Plan. If the issue was discussed with any other personnel, state with whom this was discussed, when it was discussed, and what was discussed. If increasing the frequency of observations was not considered, state why it was not considered.

I do not remember.

- (i) State whether you considered/discussed the need for Claire to be admitted to PICU at any time, and if so, state when did you consider/discuss this, with whom, and what was the outcome of your consideration/discussion. If you did not consider or discuss this, explain the reasons why not, particularly in light of Claire's Glasgow Coma Scale, complex intravenous therapy and lack of responsiveness thereto, diagnosis, anti-epileptic treatment and level of nursing dependency.

I do not remember.

- (j) State if consideration was given to the change in diagnosis from one of '*encephalitis*' (Ref: 090-012-014) to '*non-fitting status [epilepticus]*' (Ref: 090-022-053) in reviewing the Nursing Care Plan, and if so, state how and when consideration was given, and the effect that this had on the Nursing Care Plan

I do not know as I was not on duty.

- (k) State the reasons why the Nursing Care Plan was not reviewed and changed:

- (i) When the diagnosis was changed to "*non fitting status [epilepticus] / encephalitis / encephalopathy*" (Ref: 090-022-053)

I do not know as I was not on duty

- (ii) When Claire's condition and nursing needs changed

I do not know.

- (iii) When additional intravenous therapy was prescribed

I do not know.

- (iv) When the hourly observations and Glasgow Coma Scale scores were introduced and

I do not know.

- (v) When Claire was no longer eating and drinking due to her deteriorating level of consciousness

I do not know.

- (l) State whether you believe that Claire's Nursing Care Plan reflected the potential severity of her condition, and the reasons for your belief.

I do not know.

- (m) State whether Claire's Nursing Care Plan was evaluated: (i) at the start of your shift on 22nd October 1996 and (ii) at the end of your shift on 23rd October 1996, and (iii) at any other time, and if so, state by whom, and the outcome of that evaluation. If the plan was not evaluated, explain the reasons why not.

I do not remember.

- (27) Identify the Consultant whom you believed to be responsible for Claire and her management, care and treatment between her admission on 21st October 1996 and her death on 23rd October 1996, and explain the basis for your belief.

According to the notes Dr Steen

- (a) Identify the paediatric Consultant who was responsible for Claire's care, treatment and management from 17.00 on 22nd October 1996 and thereafter.

As above.

- (28) State what type of nursing operated on Allen Ward between 21st and 23rd October 1996, i.e. named nursing, patient allocation nursing or team nursing.

I do not remember but on night duty in Allen ward we always worked as a team.

- (a) State whether on 22nd October 1996, the nursing care and management of Claire was allocated to a particular nurse, or to a nursing team.

I do not remember.

- (b) If there was patient allocation nursing, identify the allocated nurse.

I do not know.

- (c) If there was team nursing, state the reasons why Claire's care was not allocated to a particular nurse.

I do not know.

(29) Identify the ward sister/nurse in charge of Allen Ward between 21st and 23rd October 1996, and in particular identify the ward sister and/or the nurse in charge with overall responsibility for Allen Ward during your care and treatment of Claire.

I do not remember.

(30) Identify the members of the paediatric medical team on duty on 22nd and 23rd October 1996, and their respective job titles.

I do not know.

(31) Describe any changes to the members of that paediatric medical team during your care of Claire, the time when each change occurred and identify the additional/new members of the team and their respective job titles.

I do not know.

(32) Identify the members of the nursing team on duty on 22nd and 23rd October 1996 on Allen Ward and their respective job titles.

I do not remember but the following signatures are on nursing evaluation sheet and fluid balance charts:

Staff Nurse G. McRandal

Staff Nurse S. Field

Staff Nurse P. Ellison

Staff Nurse K. Taylor

Student Nurse S. Spence

Staff Nurse R. Murphy

Staff Nurse B. Maxwell

Staff Nurse J Brownlee

Staff Nurse L. McCann

(33) Describe any changes to the members of that nursing team during your care of Claire, the time when each change occurred and identify the additional/new members of the team and their respective job titles.

I do not remember.

(34) Identify who was responsible on Allen Ward for monitoring the quality of Nursing Care Plans, and in particular, Claire's Nursing Care Plan.

I do not know.

(35) In October 1996, state whether nursing care was prescribed by doctors, nurses or both.

Nurses.

(36) Describe the communications that you had with the Consultant responsible for Claire on her admission, including:

- (a) Time of each communication
- (b) Means by which the communication was made
- (c) Nature of each communication
- (d) Whether any advice or direction was given by the Consultant in relation to Claire's treatment and care, and if so the nature of that advice or direction

I do not remember having any communication with the consultant.

(37) State what communication you had with Dr. Heather Steen in relation to Claire between 21st October 1996 and c. 04.00 on 23rd October 1996 including:

- (a) The date and time each communication was made, and the means by which communication was made e.g. in writing, telephone, in person etc.

I do not remember having any communication with Dr Steen.

- (b) Identify who initiated each communication and the reason for each communication being made

I do not remember having any communication with Dr Steen.

- (c) State what information you gave Dr. Heather Steen about Claire during each communication

I do not remember having any communication with Dr Steen.

- (d) State what advice or instructions Dr. Heather Steen gave you in relation to Claire on each occasion and what the plan of care was for Claire following each communication

I do not remember having any communication with Dr Steen.

- (e) Identify any document where each communication is recorded and produce a copy thereof.

I do not remember having any communication with Dr Steen.

- (f) If no communication was made, explain why not.

I do not know.

- (g) State whether Dr. Steen attended and examined Claire at any time between Claire's attendance at A&E on 21st October 1996 and Claire's death on 23rd October 1996, and if so, state the date, time and location of that attendance and examination.

I do not know.

(38) State what communication you had with Dr. David Webb in relation to Claire between 21st October 1996 and c. 04.00 on 23rd October 1996 including:

(a) The date and time each communication was made, and the means by which communication was made e.g. in writing, telephone, in person etc.

I do not remember having any communication with Dr Webb.

(b) Identify who initiated each communication and the reason for each communication being made

I do not remember having any communication with Dr Webb.

(c) State what information you gave Dr. David Webb about Claire during each communication

I do not remember having any communication with Dr Webb.

(d) State what advice or instructions Dr. David Webb gave you in relation to Claire on each occasion and what the plan of care was for Claire following each communication

I do not remember having any communication with Dr Webb.

(e) Identify any document where each communication is recorded and produce a copy thereof.

I do not remember having any communication with Dr Webb.

(f) If no communication was made, explain why not.

I do not know.

(g) Identify any protocols/guidelines from 22nd October 1996 to date governing the request for and provision of a specialist opinion by another consultant, and the transfer of care and management of a child to another consultant, and furnish copies thereof.

I am not aware of any.

(39) Explain the nature and status of the document entitled "Discharge/Transfer Advice Note" at Ref: 090-007-009, identify who completed that document and state when and where it was completed.

I do not remember having seen this type of document.

(40) State whether you are a member of the RCN or a union, and if so, state whether you have communicated with that organisation in relation to the treatment and death of Claire, and if so, state when you communicated with it.

I am not aware of the relevance of this question to the inquiry.

(41) Describe your perception of the seriousness or otherwise of Claire's condition during your care of her, and give the reasons for your view

I do not remember.

(42) Describe your communication with Claire's parents and family and in particular:

(a) State what information you communicated to Claire's parents and family, and what information they gave to you.

I do not remember.

(b) Identify to whom you passed on the information that you received

I do not remember.

(c) State when and where you told them this information

I do not remember.

(d) Identify where the information you communicated/received is recorded or noted

I do not remember.

(e) State whether you recorded Claire's parents'/family's understanding of the information that you gave them and their concerns

I do not remember.

(f) If you did record the information and their concerns, identify the documents containing that record. If you did not record it, explain why not

I do not remember.

(g) State whether you informed Claire's parents/family of the diagnosis, its implications and the treatment needed, and if so, state when you provided this information, to whom and where this communication is recorded. If you did not provide this information, explain why not. If any such communication is not recorded, explain why not.

This would be the responsibility of the medical staff

(h) State whether you informed Claire's parents/family why the observations were being made, and where this is recorded.

I do not remember.

- (i) Describe what, if any, discussions you had with Claire's parents regarding her condition before they left for the evening on 22nd October 1996 and whether you offered any advice to the Roberts about them leaving at that stage

I do not remember.

- (43) Describe in detail any audit and learning that you were involved in relating to the death of Claire:

- (a) With nursing colleagues
(b) Within the department
(c) As an individual

None

- (44) Prior to 21st October 1996:

- (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it
(b) State the source of your knowledge and awareness and when you acquired it
(c) Describe how that knowledge and awareness affected your care and treatment of Claire

I had no knowledge or awareness of the case.

- (45) Since 21st October 1996:

- (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it

I have heard of the case but have little knowledge of it.

- (b) State the source of your knowledge and awareness and when you acquired it

I heard about it through the media but do not remember exactly when.

- (c) Describe how that knowledge and awareness affected your work.

No. 18 solution is no longer in use and all staff undergo hyponatraemia training.

- (46) Describe in detail the education and training you received in relation to:

- (a) fluid management and balance (in particular hyponatraemia)

I learnt about fluid management and balance during my training - none specific to hyponatraemia.

(b) record keeping

During training.

(c) assessment of children with reduced level of consciousness (Glasgow coma scale)

During my Childrens training.

(d) assessment of children with a learning disability

During my Childrens training.

(e) assessment of children with diarrhoea and vomiting

During my Childrens training.

(f) communication with parents of sick children

During my Childrens training and ongoing.

(g) resuscitation in children

I attend yearly PILS training (Paediatric Immediate Life Support).

(h) recognition of the deteriorating child

This is covered during PILS.

through the following, providing dates and names of the institutions/bodies:

(i) Undergraduate level

(ii) Postgraduate level

(iii) Hospital induction programmes

(iv) Continuous professional development

(47) Prior to 21st October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

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

I do not remember.

(b) Number of the children who were aged less than 10 years old

I do not remember.

(c) Nature of your involvement

I do not remember.

(d) Outcome for the children

I do not remember.

(48) Since 21st October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

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

I do not remember.

(b) Number of the children who were aged less than 10 years old

I do not remember.

(c) Nature of your involvement

I do not remember.

(d) Outcome for the children

I do not remember.

(49) Identify any 'Protocols' and/or 'Guidelines' which governed Claire's care and treatment.

I do not remember any.

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

(a) The care and treatment of Claire from her attendance on 21st October 1996 to her death on 23rd October 1996.

(b) Record keeping

(c) Communications with Claire's family about her condition, diagnosis, and care and treatment.

(d) Lessons learned from Claire's death and how that has affected your practice

(e) Current Protocols and procedures

(f) Any other relevant matter

I have no further comments to make.

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

Signed: *Lorraine McCann*

Dated: *16.1.12*