

Witness Statement Ref. No.

248/1

**NAME OF CHILD:** Claire Roberts

**Name:** Kate Linskey

**Title:** Miss

**Present position and institution:**

Health Visitor,

BHSCT

Beech Hall health and Wellbeing centre,

Andersonstown Road,

Belfast BT11 9EA

**Previous position and institution:**

Registered General Staff Nurse

Allen Ward

RBHSC

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

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those between January 1995 - April 2012]*

N/A

**Previous Statements, Depositions and Reports:**

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

N/A

**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 21<sup>st</sup> October 1996 to 23<sup>rd</sup> October 1996.**

I worked at the Royal Belfast Hospital for Sick Children as a State Enrolled Nurse from August 1981 until September 1994, during this time I worked in Barbour Ward for five years and subsequently Allen Ward for a further eight years. I then completed the conversion course to State Registered General Nurse at the Belfast City Hospital and in November 1995 returned to Allen Ward as RGN. In September 1999 I commenced a Diploma in Children's Nursing at Queens University, on completion of which I returned to work in Allen Ward as a Staff Nurse until January 2001.

- (2) State the times at which you were on duty between 21<sup>st</sup> October 1996 to 23<sup>rd</sup> October 1996 and in particular:**
- (a) Whether you were on duty and present in the hospital at all times or**
  - (b) Whether you were on call during that period**
  - (c) What contact you had with Claire and her family during that period including where and when that contact occurred**

It has been alleged that on the 22<sup>nd</sup> of October 1996 I took part in the daily ward round on Allen Ward, however the policy would have been that the nurse in charge of the ward, or area, would have done the daily ward round. At this time I was working as a Registered General Nurse and the hospital policy required that a Registered Children's nurse was in charge on all children's wards. Therefore it is unlikely that I would have been involved in the ward round I have no recollection of the events of this day or what hours I may have been on duty during this period. There is no off duty record, allocation book or Ward round book available to confirm this.

The medicine kardex shows the Doctor prescribed rectal diazepam for Claire at 12.15 pm on the 22<sup>nd</sup> October 1996 and that I administered the rectal diazepam to Claire. I have no recollection of carrying out this procedure or of any contact with Claire or her family.

- (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 21<sup>st</sup> October 1996 until 23<sup>rd</sup> 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: N/A

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

I have no recollection of any involvement in these events

(c) From admission to PICU until her death: N/A

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

**Claire's fluid administration, monitoring and management**

I have no recollection of any involvement in these events. There is no evidence in the records to suggest I was involved

**The making and recording of observations of Claire including determining the type of and reviewing the frequency of those observations-**

I have no recollection of any involvements of these events and my signature is not recorded in the records.

(5) Describe the observations you would normally record on a child with reduced level of consciousness.

Central Nervous System observations would be undertaken to record vital signs and level of consciousness and inform the nurse in charge and the Doctor of any changes in the child's condition

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

There is no evidence of my involvement in any of these procedures. I have no recollection of any involvement in these events

(a) Explain the reasons for your actions n/a

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

(i) the doctor concerned

(ii) the instructions they gave you

(iii) when they gave them to you

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

(i) identify the doctors from whom 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

(7) 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 21<sup>st</sup> October 1996 and 23<sup>rd</sup> October 1996, including:

No recollection of having any discussion between myself and doctors or nursing staff.

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

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

No recollection of discussing Claire's condition at anytime during the period 21<sup>st</sup> October to 23<sup>rd</sup> October 1996.

There is no evidence of my involvement recorded in the medical records.

- (a) Identify the doctor(s) to whom you reported and state the time at which you reported
- (b) State the means by which you conveyed that report e.g. orally, in person, by telephone, in writing
- (c) Describe and explain what you reported
- (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
- (e) If Claire was not reviewed/reassessed or did not have her care/treatment changed, then please give the reasons

(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:

There is no evidence of my involvement recorded in the medical records

- (a) when each of the identified entries was made
- (b) the source of the information recorded in the entry

(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.

No recollection of being involved in Claire's care.

(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.

If unhappy with the decision of a Junior Doctor, the Nurse could bleep/contact the senior Registrar and inform the nurse in charge.

(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.

If a member of nursing staff was still unhappy with decision of SHO/Registrar, they should have discussed with Nurse in Charge of the Ward/Line Manager

(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.

No recollection of being present at any time when Claire was being examined by a doctor. There is no written evidence to suggest I was present at any time

(14) State when you commenced duty on Allen Ward on 22<sup>nd</sup> October 1996 whether there was a 'handover' to you in relation to Claire.

There would have been a general handover to all nursing staff presenting for duty, but I have no recollection.

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

No recollection of the person who conducted the handover.

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

I have no recollection of these events

(a) State your understanding on 22<sup>nd</sup> 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) or of Dr. Bernie O'Hare's diagnosis of "1. *Viral illness* 2. *encephalitis*" (Ref: 090-022-052), and if so, state when you were first aware or informed of each diagnosis. If you were not informed or aware of these diagnoses, 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) 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.

(d) Identify any person/s who briefed you about Claire's case, the reasons for her admission to Allen Ward, the diagnosis, her treatment, care and management, and state when you were given this information and what you were told.

No recollection

(e) 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.

Unaware

(f) Explain why hourly neurological observations were not commenced earlier on 22<sup>nd</sup> October 1996.

Unaware

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

No recollection

(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

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

No recollection of being involved in the care of Claire's fluid balance regime or IV prescription sheet. The evidence provided would support this.

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

None

- (b) 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

Unknown

- (c) State the type and volume of the IV fluids being administered and the rate of administration on 22<sup>nd</sup> October 1996 while you were on duty

Unknown

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

Unaware

- (e) Identify the person who prescribed the type, volume and rate of administration of IV fluids for Claire on 22<sup>nd</sup> October 1996 in Allen Ward

Unaware

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

None

- (g) Explain why IV solution of 0.18 Saline/4% dextrose continued to be administered to Claire on 22<sup>nd</sup> 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 (Ref: 090-038-133)

I have no recollection of any involvement in these events

- (h) Explain why no entries are made at 14.00 on the Fluid Balance and IV Prescription sheet.

I have no recollection of any involvement in these events

- (i) State the reasons why Claire's urine output was not measured, monitored and recorded, particularly as Claire was wearing a nappy

I have no recollection of any involvement in these events

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

I have no recollection of any involvement in these events

- (k) 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

In 1996 it is probable that equipment would have been available on the ward to measure specific gravity. I have no recollection of any involvement in these events

- (l) 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

I have no recollection of any involvement in these events

- (m) 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 have no recollection of any involvement in these events or the hospital policy during this time.

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

In 1996 an accurate fluid balance chart would include recording of all forms of fluid intake and out put.

- (o) 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"

In my professional opinion it would have been good practice to measure and record Claire's vomit and urine output.

- (p) In relation to the urine sample sent to the laboratory for analysis at approximately 11.00 on 22<sup>nd</sup> October 1996, state the results of the urinalysis of this sample and identify the note or record of those results

I have no recollection of any involvement in these events



- (q) State whether a doctor was informed of Claire's failure to pass urine for 8 hours between 11.00 and 19.00 on 22<sup>nd</sup> 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 have no recollection of any involvement in these events

- (18) State when the note of "*encephalitis / encephalopathy*" was added to the clinical notes (Ref: 090-022-053) and identify who made the diagnoses and who made the note.

No recollection.

- (a) Describe what was communicated to you and the other nursing personnel regarding the addition of these possible diagnoses, and state when this was communicated and by whom.

I have no recollection of any involvement in these events

- (b) If nothing was communicated, explain why.

I have no recollection of any involvement in these events

- (c) State when you were first aware of the additional diagnoses, how you became aware of them, what you did as a result of that knowledge, who you informed of the additional diagnoses and in particular whether you informed the nurse allocated to care for Claire, and if so, when. If you did not do anything as a result of that knowledge, or did not inform the allocated nurse or anyone else of the diagnoses, explain why not.

I have no recollection of any involvement in these events

- (d) As a result of the additional diagnoses, state what steps were taken by you or any other nurses to review Claire's care, state when this was done, by whom and where this is recorded. If no steps were taken, explain why not.

I have no recollection of any involvement in these events

- (19) State the time of the ward round by Dr. Andrew Sands on 22<sup>nd</sup> October 1996 and whether you were in attendance when Dr. Sands saw Claire on that ward round, If not, identify the nurse/s and doctor/s who were in attendance when Claire was seen on the ward round that morning

I have no recollection of the events of this day. There is no written evidence to suggest I was present during the ward round.

- (a) If you were in attendance, describe the ward round discussion and the information you communicated to other nursing personnel regarding what was decided on the ward round.

I have no recollection of any involvement in these events

- (b) State if there was any discussion with Dr. Andrew Sands regarding Claire's full blood count and electrolytes results from a sample taken on 21<sup>st</sup> October 1996, and any further testing thereof. If so, describe the nature of that discussion:

I have no recollection of any involvement in these events

- (i) State whether Dr. Sands requested that any steps be taken regarding Claire's electrolytes and full blood count. In particular, state if he wanted Claire's serum electrolytes and full blood count tested, and if so, state when they were to be tested, who was responsible for organising and taking a blood sample from Claire, organising and transporting the sample to the laboratory and ascertaining the results of that test.

I have no recollection of any involvement in these events

- (ii) State if a sample was taken for testing. If so, state by whom, when, who was present, what was done with the serum sample, whether it was transported to the laboratory, where the results of this sample are and where is any record of a blood sample being taken and the results of that test. If there is no record of either a blood sample being taken and/or of the electrolytes and full blood count results, explain why.

I have no recollection of any involvement in these events

- (iii) Identify where there is any record of any discussion of and/or request during the ward round for further testing Claire's electrolytes and full blood count. If it is not noted, explain the reasons why and identify the person who would have been responsible for recording this.

I have no recollection of any involvement in these events.

State if in 1996 a request for testing electrolytes and full blood count, particularly during a ward round, would normally have been recorded, and if so, identify where. In particular, state if it was or would have been normal practice in 1996 to document this request on a separate piece of paper or book as "work to do", and if so, state who would have documented this and identify the name of this separate paper or book, where it was kept and by whom. If you are unable to do so, explain the reasons why. I

In 1996 the practice would have been that information would have been recorded in medical records by the doctor and ward round book by nursing staff.

- (c) State if there was any discussion with Dr. Andrew Sands regarding the possibility of Claire suffering from a degree of cerebral oedema. If so:

No recollection of any discussion with Dr Andrew Sands.

- (i) Describe the discussion.
- (ii) Identify where in Claire's notes any discussion of possible cerebral oedema is noted. If it is not noted, explain the reasons why.

- (d) State whether you considered that 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 and state the reasons for your answer.

I have no recollection of any involvement in these events.

- (e) 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 have no recollection of any involvement in these events.

- (20) Identify who administered to Claire the "Rectal diazepam 5mg PR" at approximately 12.15 on 22<sup>nd</sup> October 1996 (Ref: 090-026-075), and state:

The medicine kardex shows the Doctor prescribed rectal diazepam for Claire at 12.15 pm on the 22<sup>nd</sup> October 1996 and that I administered the rectal diazepam to Claire. I have no recollection of carrying out this procedure or of any contact with Claire or her family.

- (i) whether you were present during this

According to the medicine Kardex I administered the above medication as prescribed by the doctor.

- (ii) Claire's response to this

No recollection

- (iii) her condition following the administration of the diazepam and

No recollection

- (iv) Where this response is recorded, and if it is not recorded explain why not.

No recollection

- (v) Whether any person was informed of Claire's response, and if so, identify both the person so informed and the person who communicated that information to him/her.

No recollection

- (b) 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

No recollection

(c) Explain the reasons why a CT scan was not carried out on 22<sup>nd</sup> October 1996

I have no recollection of any involvement in these events.

(21) State whether Claire's parents expressed any concerns to you regarding Claire. If so, describe these concerns and state whether you conveyed these concerns to any doctor, and if so, state to whom and when this information was conveyed. If you did not convey these concerns, state the reasons why not.

No recollection of any contact with Claire's parents

(a) In particular, describe whether any concerns were raised before or after the ward round by Dr. Andrew Sands

I have no recollection of any involvement in these events.

(22) State whether any nursing personnel expressed any concerns to you regarding Claire. If so, describe these concerns and state whether you conveyed these concerns to any doctor, and if so, state to whom and when this information was conveyed. If you did not convey these concerns, state the reasons why not.

No recollection

(a) In particular, describe whether any concerns were raised before or after the ward round by Dr. Andrew Sands

I have no recollection of any involvement in these events.

(23) 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 have no recollection of any involvement in these events.

State at what time Dr. Webb saw Claire for the first time on Allen Ward, and whether you were in attendance at that time. Identify all persons who were present during Dr. Webb's first attendance on Claire on 22<sup>nd</sup> October 1996

I have no recollection of any involvement in these events.

(a) State at what time Claire's parents left and returned to Allen Ward in the morning and afternoon on 22<sup>nd</sup> October 1996, and state for what period of time they were not in attendance.

Unaware

(b) State whether the fall in the Glasgow Coma Score to 7 at 15.00 and to 6 at 16.00 and 17.00 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 have no recollection of any involvement in these events.

State whether a cardiac monitor was in situ throughout infusion during the IV phenytoin administered to Claire about 14.45 (as it had been during the IV phenytoin administration at about 23.00 (Ref: 090-040-138)), and if so, state the reasons why. If a monitor was not used, state the reasons why not

I have no re collection of any involvement in these events.

- (c) 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

I have no re collection of any involvement in these events.

- (d) State whether you were present during the administration of the Stat dose IV phenytoin at 2.45pm, describe Claire's response to and condition following the administration of the IV phenytoin and identify where this response is recorded

I have no re collection of any involvement in these events.

- (e) State at what time Dr. Webb saw Claire for the second time on Allen Ward, and whether you were in attendance at that time. Identify all persons who were present during Dr. Webb's second attendance on Claire on 22<sup>nd</sup> October 1996

I have no re collection of any involvement in these events.

- (f) State the volume of the stat IV hypnovel at 3.25pm (Ref: 090-040-141), whether you were present when this was administered to Claire, identify the doctor who administered that stat IV hypnovel at 3.25pm and explain the reasons why the parenteral drugs once only prescription table was not initialled in the last column (Ref: 090-026-075)

I have no re collection of any involvement in these events.

- (g) While Claire was being given midazolam at 3.25pm (Ref: 090-026-075), 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 have no re collection of any involvement in these events.

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

I have no re collection of any involvement in these events.

- (i) Describe Claire's response to, and condition following, the administration of the Stat I.V. hypnovel at 3.25pm and identify where this response is recorded

I have no recollection of any involvement in these events.

- (j) State the normal respiratory rate for a 9-year-old child. 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

The normal respiratory rate for a healthy 9 year old child would be in the range of 18 to 25 breaths per minute.

I have no recollection of any involvement in these events.

- (k) State whether you were in attendance when Dr. Webb saw Claire for the third time on Allen Ward at approximately 17.00. Identify all persons who were present during Dr. Webb's third attendance on Claire on 22<sup>nd</sup> October 1996.

I have no recollection of any involvement in these events.

- (l) Identify who prescribed "1/5 N at 64mls/hr" for Claire (Ref: 090-040-138) and the document containing that prescription, and state when it was prescribed, who erected it, 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.

I have no recollection of any involvement in these events.

- (24) State whether you made any entry on the Central Nervous System Observation Chart (Ref: 090-039-137), and if so, identify each entry. No

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

- (b) State who ordered the hourly CNS observations to commence, when this was so ordered, and the reasons for same

- (c) State whether you were present at the time the CNS observations commenced or were being made, and if so, state when, who else was present and what happened at that time.

- (d) In relation to the entry at 13.00 on 22<sup>nd</sup> October, state if you made that entry or was present at the time. Please state the reasons for the changes in recording for 'eyes open' and 'best motor response' and explain the impact on the GCS if the original readings had been correct. Did you ask a senior nurse or doctor to assess Claire to establish this baseline score? If 'yes', identify this person, if 'no' please explain why you did not

- (e) State whether you asked Claire's parents at any time to help you interpret Claire's neurological observations in light of her learning disability

- (f) Explain the reasons why no observations were recorded in the 2pm column on the Central Nervous System Observation Chart
- (g) State what you understood by and whether you informed any doctor/s of the fall in Claire's Glasgow Coma Score to 7 at 15.00 and to 6 at 16.00 and 17.00, 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
- (h) Explain the reasons why no respiratory observations are recorded on the chart for 17.00, 18.00, 19.00 and 20.00, and identify who was responsible for recording these observations.

(25) State whether you made any entry on:

I made no entries on any of the below

- (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
  - (i) In particular, state if you witnessed Claire's seizure at approximately 15.10 (Ref: 090-042-144), who was present at the time and why "Mum" is written under the column 'Initial'
  - (ii) State whether you witnessed the 'attacks' recorded at 16.30 and 19.15, identify the person responsible for completing the column entitled 'initials' in relation to each recorded attack, and state the reasons why no initials have been entered in relation to those recorded attacks (Ref: 090-042-144)
  - (iii) State whether you knew the cause of the 'attacks' at 16.30 and 19.15, and if so, specify that cause and the source/basis of your knowledge
- (b) The document entitled 'Regular Prescriptions - Drug Recording Sheet' (Ref: 090-026-077), and if so, identify each entry

According to the records I administered Diazepam as a one-off. I administered no regular prescription on the drug recording sheet

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

I did not administer any fluids as recorded on the prescription sheet

- (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

- (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

- (26) In relation to the observations made in relation to Claire while you were on duty on 22<sup>nd</sup> October 1996:

No recollection, there is no evidence of my signature within the records

- (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
- (b) On the '12 Hour Respiration Pulse and Temperature Chart' (Ref: 090-044-147), please state why temperature and blood pressure were not recorded at 10am and why only temperature was recorded at 12MD
- (c) 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 with reduced level of consciousness and the frequency of those observations
- (d) State whether you informed the nurse in charge/ward sister or any doctor 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
- (e) State whether the general observations of Claire included level of consciousness, prior to the commencement of the hourly neurological observations at 13.00

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

No recollection

- (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
- (b) State whether you asked Claire's parents about their perceptions of Claire's condition when you were recording observations
- (c) 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 22<sup>nd</sup> 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
- (d) 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

- (e) State your understanding of the normal vital sign observations for a 9-year-old child

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

No recollection but I did not appear to have any involvement

- (a) State how often the Nursing Care Plan is reviewed
- (b) Identify the person/s who determined the frequency of review of the Nursing Care Plan on 21<sup>st</sup> October and on 22<sup>nd</sup> October 1996.
- (c) State the reasons why the Nursing Care Plan was to be reviewed daily, rather than more frequently
- (d) State the times when the Nursing Care Plan ought to have been reviewed on 22<sup>nd</sup> October 1996 and the reasons why
- (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
- (f) State whether a change in diagnosis by a doctor, such as status epilepticus, triggers a review of the Nursing Care Plan
- (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
- (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) 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

- (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
- (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"
  - (ii) When Claire's condition and nursing needs changed
  - (iii) When additional intravenous therapy was prescribed
  - (iv) When the hourly observations and Glasgow Coma Scale scores were introduced
  - (v) When Claire was no longer eating and drinking due to her deteriorating level of consciousness
- (l) State whether you believe that Claire's Nursing Care Plan on 21<sup>st</sup> and 22<sup>nd</sup> October 1996 reflected the potential severity of her condition, and the reasons for your belief
- (m) State whether Claire's Nursing Care Plan was evaluated : (i) at the start of your shift on 22<sup>nd</sup> October 1996 and (ii) at the end of your shift on 22<sup>nd</sup> 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

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

No recollection of the consultants involved in the care of Claire. On examination of medical records it would appear that Dr Webb and Dr Steen had documented in Claire's medical notes.

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

(30) State what type of nursing operated on Allen Ward between 21<sup>st</sup> and 23<sup>rd</sup> October 1996, i.e. named nursing, patient allocation nursing or team nursing No recollection

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

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

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

- (31) On 22<sup>nd</sup> October 1996, identify any person/s who briefed you on Claire, her treatment, care and management, and state when you were given this information.**

No recollection

- (32) Identify the members of the paediatric medical team on duty on 22<sup>nd</sup> October 1996, and their respective job titles.**

No recollection of the paediatric medical team on duty on the 22<sup>nd</sup> October 1996 however, the medical records would indicate that Dr Webb, Dr Steen, Dr Sands and a SHO whose signature I do not recognise were on duty.

- (33) 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.**

No recollection

- (34) Identify the members of the nursing team on duty on 22<sup>nd</sup> October 1996 on Allen Ward and their respective job titles.**

No recollection. On reviewing nursing records and drug prescription sheets it would appear that S/N G McRandal, S/N J Brownlee, S/N S Fields, Student Nurse S Spence, S/N K Taylor, S/N L McCann, S/N R Murphy, S/N K Linskey along with two further signatures that I am unable to identify have documented within Claire's records.

- (35) 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.**

No recollection

- (36) Identify the ward sister/nurse in charge of Allen Ward between 21<sup>st</sup> and 23<sup>rd</sup> 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.**

Angela Pollock was the Ward Sister but I have no recollection if she was on duty that day

- (37) Identify who was responsible on Allen Ward for monitoring the quality of Nursing Care Plans, and in particular, Claire's nursing care plan.**

I am unaware of who this may have been

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

No recollection

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

No recollection

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

No recollection

- (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

- (41) State what contact you had with Dr. Heather Steen in relation to Claire between 21<sup>st</sup> October 1996 and c. 04.00 on 23<sup>rd</sup> October 1996 including:

No recollection

- (a) The date and time each contact was made, and the means by which contact was made e.g. in writing, telephone, in person etc
- (b) Identify who initiated each contact and the reason for each contact being made
- (c) State what information you gave Dr. Heather Steen about Claire during each contact
- (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 contact
- (e) Identify any document where each contact is recorded and produce a copy thereof
- (f) If no contact was made, explain why not
- (g) State whether Dr. Steen attended and examined Claire at any time between Claire's attendance at A&E on 21<sup>st</sup> October 1996 and Claire's death on 23<sup>rd</sup> October 1996, and if so, state the date, time and location of that attendance and examination

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

No recollection

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

- (c) State what information you gave Dr. David Webb about Claire during each communication
- (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
- (e) Identify any document where each communication is recorded and produce a copy thereof
- (f) If no communication was made, explain why not
- (g) Identify any protocols/guidelines from 22<sup>nd</sup> 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

(43) On completion of your working shift on 22<sup>nd</sup> October 1996 state whether the nursing care of Claire was handed over to a specific nurse or a nursing team. If the former, identify that nurse and her job title. If the latter, identify the members of that nursing team and state the reasons why Claire's care was not transferred to a specific individual nurse at that time.

No recollection

- (a) State whether you had a 'handover' with that nurse/nursing team prior the nursing shift change
- (b) If so, state the information you communicated to her/that team during that handover
- (c) State whether Claire's parents were involved in the handover and, if not, whether you informed them of the content of this before finishing your shift
- (d) If you did not carry out the handover, identify the person who did so and their job title

(44) 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.

No recollection

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

No recollection

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

No recollection

- (a) State what information you communicated to Claire's parents and family, and what information they gave to you
- (b) Identify to whom you passed on the information that you received
- (c) State when and where you told them this information
- (d) Identify where the information you communicated/received is recorded or noted
- (e) State whether you recorded Claire's parents'/family's understanding of the information that you gave them and their concerns
- (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
- (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
- (h) State whether you informed Claire's parents/family why the observations were being made, and where this is recorded

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

No recollection

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

(48) Prior to 21<sup>st</sup> October 1996:

I had no knowledge

- (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

(49) Since 21<sup>st</sup> October 1996:

I have no knowledge

- (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 work

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

Enrolled Nurse training and Registered General Nurse training would have included areas as listed below

- (a) Fluid management and balance (in particular hyponatraemia)
- (b) Record keeping
- (c) Assessment of children with reduced level of consciousness (e.g. Glasgow Coma Scale)
- (d) Assessment of children with a learning disability
- (e) Assessment of children with diarrhoea and vomiting
- (f) Communication with parents of sick children
- (g) Resuscitation in children
- (h) Recognition of the deteriorating child

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

- (i) Undergraduate level
  - Enrolled Nurse training 1981
  - Registered general Training-1995
- (ii) Postgraduate level
- (iii) Hospital induction programmes No recollection
- (iv) Continuous professional development No recollection

(51) Prior to 21<sup>st</sup> October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

No recollection

- (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 10 years old
- (c) Nature of your involvement
- (d) Outcome for the children

(52) Since 21<sup>st</sup> October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

None

- (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 10 years old
- (c) Nature of your involvement
- (d) Outcome for the children

(53) Identify any 'Protocols' and/or 'Guidelines' which governed Claire's care and treatment in 1996.

No recollection

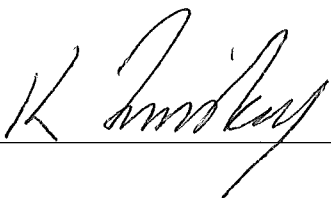
(54) Provide any further points and comments that you wish to make, together with any documents, in relation to: No recollection

- (a) The care and treatment of Claire from her attendance on 21<sup>st</sup> October 1996 to her death on 23<sup>rd</sup> 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



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

Signed:



Dated:

14.9.12