Witness Statement Ref. No. 279/2

NAME OF CHILD: RAYCHEL FERGUSON (LUCY CRAWFORD)

Name: R.J. Murray Quinn

Title: Doctor

Present position and institution:

retired

Previous position and institution: Consultant Paediatrician, Altnagelvin Hospital
[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 2000 - December 2012]

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

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

Ref:	Date:	
WS-279-1	09-Nov-2012	Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

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

I. QUERIES ARISING FROM YOUR WITNESS STATEMENT WS-279/1

(1) At answer 7(f) of WS-279/1 you have referred to your handwritten notes which are appended at pages 33-36. Please arrange to have those notes transcribed for the Inquiry.

A copy of the transcribed notes is attached.

(2) Arising out of your answer to question 21(c) of WS-279/1, please identify the signs and symptoms which caused you to conclude that Lucy may have had a significant pneumonia upon admission to the Erne Hospital.

The signs and symptoms which caused me to conclude that Lucy may have had a significant pneumonia were pyrexia (temperature 38ºc); that she was drowsy and lethargic; and it was noted that she had a respiratory rate 40/minute; a heart rate of 140/minute and a raised white cell count, with the majority being neutrophils.

(3) In your answer to question 25(k) you refer to Advanced Paediatric Life Support ("APLS"); The Practical Approach (a British Medical Journal Publication). Arising from this please answer the following questions:

(a) Prior to your involvement in Lucy's case had you completed the APLS course?

No.

(b) If you had completed the course state the date on which you completed it.

Not applicable.

(c) Whether or not you had completed the course, had you prior to Lucy's death read the APLS manual to which you refer?

Yes, I had read the APLS manual prior to Lucy's death.

(d) If you had read the APLS Manual state when you did so.

I am unable to recollect when I read the APLS Manual.

(4) In your answer to question 28 you have stated the following:
"My conclusions were that changes in the electrolyte balance could have been contributed to by the infusion of N/5 Saline in the stated volumes; fluid and electrolyte loss from vomiting and diarrhoea and possible inappropriate ADH effects in a sick child."

Please clarify whether you included these conclusions in your report for the Sperrin Lakeland Trust, and if you did so, refer to the relevant portion of the text which contains these conclusions.

If you did not include these conclusions in your report, please explain your omission to do so.

I did not include these conclusion in my report. This was, however, part of the discussion during the meeting with Dr Kelly and Mr Fee. As stated in the first sentence of my Summary letter of 22nd June 2000 to Mr Fee, I was making a "short summary" of events and have not included all the discussion in the written document.

II. SUPPLEMENTARY QUESTIONS

(5) **In the report which you furnished to the Sperrin Lakeland Trust, or in the oral advice that you provided, do you consider that you provided the Trust with reassurance that the type, rate and volume of fluids which were administered to Lucy were within acceptable limits? Please provide a full explanation for the answer which you give.**

I was asked to provide my opinion on the type and volume of fluid administered to Lucy to assist Mr Fee and Dr Kelly with their initial review of events relating to Lucy's case. My report and oral advice, therefore, simply set out my views on these issues, as summarised below. The Trust may have viewed these as reassuring, however, it was my understanding that my report and oral advice would form only part of the review.

With regard to the type of fluid given it was my perception that the doctors assessing Lucy's condition on admission were underestimating how sick she was. The initial diagnosis was "Viral illness" and in those circumstances, at that time(2000) the i.v. fluid most commonly given was Solution 18.

With regard to the volumes of fluid given I calculated the volumes that might have been prescribed, based on the assessment of the degree of dehydration (0%,5%,10%). I pointed out that there was no written prescription for the volume/hour to be given. I pointed out that 100mls/hour had been recorded as having been given for 4 hours and I specifically asked if more of the Solution 18 could possibly have been given over this period of time than noted in the chart.

(6) **In the report which you furnished to the Sperrin Lakeland Trust, or in the oral advice that you provided, do you consider that you provided the Trust with reassurance that Lucy's case (including the care provided to her at the Erne) did not require further investigation? Please provide a full explanation for the answer that you give.**

During the oral discussion with Dr Kelly and Mr Fee I was asked if I thought that Dr O'Donohoe should be suspended. My recollection of the discussion is that I said it was not a question for me to answer. The local team would have a better understanding of the quality of work of their staff. I also pointed out that the Royal College of Paediatrics and Child Health have a system of assessing individual doctors competence and indeed the GMC also have a role.

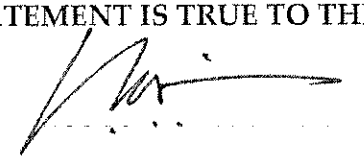
(7) **In any period prior to being asked to assist the Sperrin Lakeland Trust with its Review, had you provided clinical support to the paediatric service in the Erne Hospital? If so, provide full details of your involvement with the paediatric service at the Erne, and specify the period of time when you were involved.**

From my appointment as a Paediatrician to the Western Health and Social Services Board in January 1978 I provided telephonic advice to Erne Hospital staff looking after children in that hospital. There was free access to transferring sick children and babies to Altnagelvin Hospital. This continued until my retirement in August 2006.

During the period 1983 to 1989 every Tuesday, on an alternate month basis, I held an Out-Patient clinic, followed by a Ward Round in the Maternity Unit and the Paediatric ward. This was often followed by teaching of the junior staff. Also from the Summer of 1989 until the Summer of 1994 I performed a weekly Ward Round on a Friday morning in the Erne Hospital, on a tri-monthly basis, sharing this with my two other Altnagelvin consultant colleagues.

I am not aware of having worked at any stage with the doctors who were involved in Lucy's care.

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

Signed: 

Dated: 13th March 2013

Transcript of Dr Quinn's Handwritten notes

G.P. Letter: DOB 5/11/98

History Pyrexia not responding to Calpol.
Drowsy + lethargic
Floppy not drinking
Temp 38° mucosa moist
Ears ✓✓ throat ✓ CVS✓ RS✓ Abd
[Diagnosis] ? [Urinary Tract Infection]

Immunisation full

Admitted 12/4/00 19-30 hrs

History Fever 36 hrs not feeding five days
Vomiting 36 hrs
Drowsy 12 hrs
Normal stools no rash.

[Past History] Bronchiolitis

Drugs Calpol prn
(2%)
O/E Temp 38°C Wt 9.14kgs Capillary refill > 2 secs
Abd soft [bowel sounds positive]
[Diagnosis] viral illness

Encourage oral fluids.
Check urine leucocytes + nitrates.
Bloods FBC U&E Glucose CRP B.C.

HB 12.1 WCC 15 N13 N13.7 Pts 337
Na+137 K+4.1 Cl 105 Co2 16 Urea 9.9 gl. 4.5

Urine Protein ++ ketones ++ no leucocytes

23-00 I.V. line inserted by Dr JO'D
No. 18 soln at 100mls/hr
02.30 large soft/runny [Bowel Opening]
Apyrexial -> Side room
02.55 Mother buzzed nurse – child rigid in mother's arms
03-00 2nd nurse called
Colour ✓ resp. satisfactory
Dr Malik bleeped -> O_2 given + turned on side.
Dr Malik ordered 2.5mgs diazepam -> within 1 min large [Bowel Opening]
I.V. fluids changed to

03.15 0.9% NaCl + run freely into i.v. line
0320 decreased resp effort noted. airway inserted + bagged [by] Dr Malik.
->Dr O'D arrived. Intubation attempted /colour noted
to remain good

04.00 -> Anaesthetist intubated
FLUMAZENIL 100mg given

Na+127 K+2.8
urea 4.9 Dx 12

04.35 -> ICU Erne.
-> Ventilation. no spontaneous resp O_2 100%
Pupils fixed + dilated. Hypothermic

Mannitol 20% 25mls over 30 mins

0515 Claforan 1Gm
i.v. fluids at 30mls/hr.

06.30 -> Transfer RBHSC ICU
Urea culture [negative]
CRP 11.2 (0-10)
BC [negative] Rotavirus [positive]
P.M rotavirus GE cerebral oedema

Admitted 7pm

9pm	50mls juice	8pm 20mls urine
10pm	100mls Dioralyte	
11	? 100mls	11pm damp
12	100	
1	100	
2	100	

7 hrs 550mls
= 80mls/hr

0% ↑ 45mls/hr
5% dehydrated= 60mls/hr
IF 10% dehydrated =80mls/hr

- Why 'floppy' in 1st place
- Was episode a fit or coning.
- Apnoea? Diazepam - said to have [bowel opening]
  [not excessive dose] within 1 min
  So dose unlikely to have
  been absorbed
  Dose 500Mcg/kg
  Could have been given up to 4.5mg

- Resuscitation - ? adequate
- 500mls N/saline at 3am
  (Total blood volume is 720mls)
- ->30mls/hr.

_ Urinary out-put - ? small -------dehydration
Renal problem –[primary]
[secondary]

- i.v. fluid chart no amount/hr of of fluids prescribed
- [diagnosis] Cerebral oedema -- ? encephalitis
  ? oedema

Why floppy in first place?
Was she dehydrated? – Urea 9.9

Fluids N/5 = appropriate

Rate 0% dehydrated 45mls/hr
5% " 60mls/hr
10% " 80mls/hr

She got 150mls orally
400mls IV (-150mls/hr for 4hrs)
= 550mls
From Admission -> 3am was 7 hrs
fluids given = 80mls/hr

NO PRESCRIPTION WRITTEN FOR FLUIDS.
WAS THERE RENAL COMPROMISE – URINARY OUTPUT NOTED
? ANY OEDEMA OF FACE
or peripheries
FIT OR CONING

APNOEA fit//cerebral oedema/coning

Medication 2.5mg DIAZEPAM

RECOMMENDED DOSE IS 500 Mcg/kg
WAS DOSE EXCESSIVE? Should not have been

---? idiocyncrinatic reaction
----? not related – passed [bowel opening]
within 1 min of administration
RESUSCITATION ? ADEQUATE
HAD GOOD HEART RATE + COLOUR NOTED
FLUIDS GIVEN ? too much
? 500 N saline RUN IN FREELY
DROP IN SODIUM 137 –. 127 K+4.1 -> 2.5
PM ? RESULTS