Witness Statement Ref. No.

283/3

NAME OF CHILD: RAYCHEL FERGUSON (LUCY CRAWFORD)

Name: Anthony Chisakuta

Title: Doctor

Present position and institution: Consultant in Paediatric Anaesthesia and Intensive Care,

RBHSC

Previous position and institution: Consultant in Paediatric Anaesthesia and Intensive Care 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 2000 – August 2012]

- January 2000 August 2012: Education Committee for Anaesthetic Training, Royal Group of Hospitals
- August 2007 August 2012: Member of the Northern Ireland School of Anaesthesia Training Committee.
- March 2000 August 2010: Member of Critical Incident Review Group, RBHSC
- January 2007- December 2007: Panel Assessor for Confidential Enquiry into Maternal And Child Health (CEMACH) Child Death Review

Previous Statements, Depositions and Reports:

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

062 -037-076: Draft statement of my involvement in the care of Lucy Crawford (deceased) sent to the Litigation Management Office, The Royal Hospitals on request of Her Majesty's Coroner's Office (9/05/2003).

062-047-113: Signed statement of my involvement in the care of Lucy Crawford (deceased).

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
WS-283/1 WS-283/2	29-11-2012 22-01-2013	Statement to the Inquiry Statement to the Inquiry

IMPORTANT INSTRUCTIONS FOR ANSWERING:

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

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

1. Additional information.

On the evening of 30th September 1998, I was invited to give a lecture to the inaugural meeting of the Western Anaesthetic Society held at the Beech Hill Country House Hotel in Londonderry. From what I can recollect, the members of the Western Anaesthetic Society would have been anaesthetists from Altnagelvin Area Hospital, MidUlster Hospital, and Tyrone County Hospital.

The lecture I delivered was on 'Recent Advances in Paediatric Anaesthesia'. On review of the notes I had used to prepare this lecture, under item (5) d. Fluid therapy, the second topic I had discussed was the problem of postoperative hyponatraemic encephalopathy discussed in an editorial by Allen I Arieff, published in Paediatric Anaesthesia 1998; 8: 1-4.

I am bringing this information to the attention of the Inquiry for two reasons:

- a. to show that as Consultant Paediatric Anaesthetists working in the Royal Belfast Hospital for Sick Children we are actively involved in sharing our knowledge with other Anaesthetists working in other hospitals; and
- the topic of postoperative hyponatraemic encephalopathy was brought to the attention of Anaesthetists who attended this meeting on the 30th September 1998.

Unfortunately, I cannot find the actual lecture I gave because over the years, I have misplaced the projector slides I had used.

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

Signed:

Dated: 28) 05 13.



Directorate of Legal Services

PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR

2 Franklin Street, Belfast, BT2 8DQ DX 2842 NR Belfast 3

Your Ref:

Our Ref: HYP B02/01 Date:

28th May 2012

Mrs Anne Dillon Solicitor to the Inquiry Arthur House 41 Arthur Street Belfast BT1 4GB

Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS-RAYCHEL FERGUSON (LUCY CRAWFORD AFTERMATH)

As a result of our consultation with Dr Chisakuta, on Saturday 25th May 2013, he has informed us of a lecture he gave to the Western Anaesthetic Society in the Beechill Hotel, Londonderry on 30th September 1998 at which the problem of post-operative hyponatraemic encephalopathy following the administration of 0.18 saline was discussed.

Dr Chisakuta is in the process of preparing a supplementary statement which will give fuller details of the contents of the lecture. He is also carrying out a search to ascertain whether he has any other documentation regarding the lecture.

In the meantime I now enclose a copy of Dr Chisakuta's notes on his lecture.

Yours faithfully

JRBCHEL

Joanna Botton Solicitor Consultant

Providing Support to Health and Social Care







RECENT ADVANCES IN PAEDIATRIC ANAESTHESIA

INAUGURAL MEETING OF THE WESTERN ANAESTHETIC SOCIETY; BEECHILL HOTEL, LONDONDERRY, 30 SEPTEMBER 1998

ISSUES TO BE MENTIONED

1. FASTING GUIDELINES

- Anaesthesia 1995; 50: 458-60
- Journal of paediatrics 1997; 131: 155-8
 - . fasting > 2 hrs does not significantly change gastric vol. Or pH
- Acta Anaesthesiologica Scandinavica 1996; 40: 971-4
- BJA 1998; 80: 53-7
 - . combination of pirenzepine & ranitidine \downarrow gastric fluid acidity & volume
- Anaesthesia 1998; 53: 326-330
 - . Guidelines: neonates 2 h for clear fluids, 4 h for breast milk and formula milk; infants 2 h for clear fluids, 4 h for breast milk, 6 for formula milk and solids; children 2 h for clear fluids, 6 h for milk and solids

2. PRE-OPERATIVE MEDICATION

- Anaesthesia 1997; 52: 416-21
 - . midazolam o.5 mg.kg⁻¹ better than trimeprazine
- European Journal of Anaesthesiology 1997; 14: 244-9
 - . nasal midazolam 0.2 mg.kg-1 (5 mg.ml-1) & rectal midazolam 0.3 mg.kg⁻¹ (in 5 ml saline)
- Paediatric Anaesthesia 1997; 7: 191-6
 - . midazolam 0.75 mg.kg⁻¹ po
- Paediatric Anaesthesia 1997; 7: 273-8
 - . ketamine 3 mg.kg-1 (diluted to 2 ml with saline) nasal instillation
- Paediatric Anaesthesia 1997; 7: 103-9
 - . Sublingual midazolam 0.2 mg.kg-1

3. PARENTAL PRESENCE AT INDUCTION

- Paediatric Anaesthesia 1997; 7: 317-23
- Journal of Clinical Anaesthesia 1996; 8: 480-5
 - . combination of parental presence & po midazolam \u2204 likelihood of needing 5% halothane induction
- Journal of Paediatrics and Child Health 1996; 32: 51-6

Journal of Clinical Anaesthesia 1995; 7: 597-9 . helpful in preschool children

4. INTRA-OPERATIVE MANAGEMENT

- Acta Anaesthesiologica Sinica 1997; 35: 21-4
 - . sevoflurane better than halothane
- Journal of Clinical Anaesthesia 1996; 8: 188-97
 - . sevoflurane better
- Anaesthesia 1998; 53: 440-445
 - . Time EI for obtaining ED95 in both sevoflurane and halothane groups was ~ 3 & 4 min, respectively, the technique with 5% sevoflurane seem more practical for anaesthetic induction and tracheal intubation
- Paediatric Anaesthesia 1997; 4: 305-8
 . laryngeal mask & IPPV, no difference with ETT
- Anaesthesia 1997; 52: 970-6
 - . pain on day of surgery predicted the occurrence of behavioural problems
- Paediatric Anaesthesia 1995; 5: 253-6
 - . avoidance of opioids, use of local anaesthetics & NSAIDS, ↓ incidence of N & V.
- Anaesthesia 1997; 52: 963-9
 - . N & V a problem, antiemetics not given
- Anesthesia and Analgesia 1996; 82: 558-62
 - . Zofran 0.15 mg.kg⁻¹ po preop
- Acta Anaesthesiologica Scandinavica 1997; 41: 877-83
 - . clonidine 5 μgkg⁻¹, prolongs block, blocks sympathoadrenergic responses, sedates
- BJA 1995; 75: 698-701
 - . cf of clonidine 2 μgkg⁻¹, adrenaline 5μgml⁻¹ & ketamine 0.5 mgkg⁻¹ when mixed with 0.25%

bupivacaine; ketamine group had 12.5 h of pain relief

■ Anaesthaesia 1996; 51: 1170-2

. ketamine 0.5 mgkg⁻¹ optimum dose

■ Anesthesiology 1997; 87: 542-6

. ketorolac + local infiltration > caudal + local infiltration in postop inguinal herniotomy pain management

5. CONTROVERSIES

- a. Withdrawal of consent for surgery
 . PaediatricAnaesthesia 1998; 8: 113-115
- b. Anaesthesia following recent immunisation
- c. Anaesthesia and child with URTI
 - Anesthesiology 1996; 85: 475-80
 - . pts with URTI were 2.05 times more likely to develop laryngospasm
 - Anesthesia & Analgesia 1996; 82: 724-7
 - . Environmental Tobacco Smoke (ETS) exposure led to 10 times higher relative risk of developing laryngospasm
 - Journal of Clinical Anaesthesia 1995; 7: 491-9
 - . pts with URTI and cancellation depended on no. of years in practice, urgency of surgery & presence of asthma

d. Fluid therapy

- Anesthesia & Analgesia 1995; 80: 682-6
 - . peri-operative administration of 20 mlkg-1 of fluid, incidence of thirst, drowsiness & dizziness postop

■ Paediatric Anaesthesia 1998; 8: 1-4

. 0.18% saline in 4% Dextrose vs 0.45% saline in 2.5% Dextrose. Problem of postop. Hyponatraemic encephalopathy

■ BMJ 1998; 317: 235-239

Human albumin therapy during resuscitation of a child. Licenced indications for use include emergency treatment of shock, acute management of burns, & clinical situations associated with hypoproteinaemia. Systematic review of controlled trials showed a higher risk of death in the albumin treated group & pooled relative risk of death was 6 additional deaths for every 100 pts treated