

HM CORONER'S OFFICE
FOR
THE ROYAL BELFAST HOSPITALEATER BELFAST PRE05 NOV 2001

RECEIVED

HM Coroner
Coroner's Office
Courthouse
37 Church road
Newtownabbey
BT36 7LA

1st Nov 2001

Re; Yellow card 433167 (RF)
Rachel Ferguson. Date of death 10/6/2001

Dear Mr Leckey,

Thank you for your correspondence of the 31st October. I apologise for the lack of details that I supplied. This child's death (10/6/2001) has been reported to you and a Forensic Postmortem has been performed. I wrote to you to ask for your permission to release the postmortem report so that the Medicines Control Agency (MCA) can investigate the intravenous fluids that were used. I have also written to Dr Brian Herron, Neuropathologist who performed to postmortem. I believe he will also write to ask you for permission to supply the postmortem summary to the MCA.

As you will remember I also had a child's death related to this type of fluid and have requested that the MCA consider issuing a "hazard notice" to prevent further deaths related to this fluid.

Dr Paul Darragh, Deputy Chief Medical Officer has established a working party to produce a guideline for clinicians on "Prevention of Hyponatraemia". I have been a member of this group.

Dr RH Taylor, MA, MB, FFARCSI Consultant Paediatric Anaesthetist

RF - CORONER

012-071b-409

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH AND SOCIAL SERVICES TRUST

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