I am Mrs Sally McManus. I am a Staff Nurse in Children's ward at the Erne Hospital and was on duty on the night of 12 April 2000.

My involvement in the care of Lucy Crawford [L.C.] (deceased) was as follows:

My dealings with Lucy began at 02.55 hours when I was called to see her by E/N T McCaffrey. Prior to this the history as documented by myself in the nursing kardex was as follows:

Lucy was admitted with the day staff at 19.30 hours with a 36 hour history of vomiting, but no diarrhoea and had been becoming drowsy for the previous 12 hours.

On admission Lucy was examined by Dr Malik (SHO) who was unable to successfully cannulate her. Dr O'Donohoe (Consultant on call) was called Dr O'Donohoe also had difficulties and small quantities of oral fluids were offered and tolerated, she appeared keen to drink. 50mls juice and 150mls dioralyte were taken slowly over the following 1½ hours.

At 22.30 hours cannulation was successful into the left hand. Intravenous fluids were commenced by S/N B Swift as per Doctors instructions at a rate of 100mls/hr. At 24.15 hours Lucy had a large vomit and Intravaneous fluids remained unchanged.

At 02.30 hours I was informed by E/N McCaffrey that Lucy had had a large offensive episode of diarrhoea – Lucy was apyrexial at this time, and awake in mum's arms while the bed was changed. At this time I was with another patient in a side room. I asked E/N McCaffrey to take routine stool specimens for Rotavirus, Culture and Sensitivity and Ecoli and to move Lucy to a side room to prevent cross infection as at this time she was being nursed on the open ward.

At 02.55 hours E/N McCaffrey was called by Lucy's mum, she immediately alerted me. On entering the room I found Lucy rigid in mum's arm. I took Lucy from mum and laid her on the bed, she had no loss of colour, but was rigid with lip smacking and twitching of eyelids. Oxygen therapy was commenced at 5 litres/minute and observations recorded. Dr Malik was bleeped to come urgently to the ward, suction was brought into the room though not required at this time. Before the SHO arrived Lucy appeared to come out of the episode, limbs loosened and eyes opened but then became rigid again.

SHO arrived, history given and full examination done. 2.5mg per rectum diazepam was given but within 1 minute of being given Lucy had a large watery stool.

Intravenous fluids were changed to 0.9% Sodium Chloride as Blood Sugar Monitoring recorded as 13.4mmols.

At 03.20 hours am Lucy was noted to have decreased respiratory effort, an airway was inserted and bagging commenced via face mask.

Dr O'Donohoe now present, repeat Urea and Electrolytes ordered, also chest and abdominal x-rays. Anaesthetist requested to attend.

I was not involved with the resuscitation of Lucy. On arrival of the Anaesthetist this role was carried out by S/N T Jones as documented by herself within the nursing kardex.

Signed: S. McManus

Date: 10/10/03.