Tam Mrs Thecla Jones. I am a Staff Nurse in Children's ward at the Erne Hosp and was on duty on the night of 12 April 2000.

My involvement in the care of Lucy Crawford (deceased) was as follows:

I first saw Lucy about 2300 hours when she was brought to her cot from the treatmer room. Her mother was with her. Intravenous fluids were in progress.

At midnight Lucy vomited and I gave assistance. Dr Malik who was on the ward was informed.

At 0100 hours, 13 April 2000 I spoke to Mrs Crawford as I heard Lucy moving about to cot, she had turned herself to an all four sleeping position.

On returning from my break at around 0300 hours I was told that Lucy had severe diarrhoea and had suffered a 'fit'. Rectal Diazepam had been given but Lucy had furth diarrhoea following its administration.

I went into the side room, which Lucy had been moved into, Nurse McManus and Dr Mowere in attendance; oxygen was being administered. Mrs Crawford was also present.

An emergency call was put through for Dr O'Donohoe and the emergency trolley was brought to the room door. As the Blood Sugar Monitoring readings were elevated the intravenous fluids were changed from .18%Saline/4%Dextrose (No 18 Sol) to 500 mls. Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140 beats per minute.

As Lucy remained unresponsive she was turned from her Left to Right side for easier access. On turning her around her mouth and lips became cyanosed. Suction was giver airway inserted and bagging commenced by Dr Malik. Monitoring equipment was connect up to record heart rate, Blood Pressure at 5 minute intervals and oxygen saturation lev

At approximately 0330 hours Dr O'Donohoe arrived. Blood samples and X-rays were to as bagging continued. Intubation by Dr O'Donohoe was unsuccessful. Dr Auterson who been contacted, arrived and successfully intubated Lucy at approximately 0400 hours. Dr Auterson requested Fliemazenil (Anaxate) which Nurse MacNeill brought from Wai Intensive Care Unit, and it was given intravenously.

hroughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal X-ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approximately 40 .18%Saline/4%Dextrose (No 18 Sol) plus the ongoing 500 mls of Normal Saline hac given intravenous and that Lucy had vomited earlier as well as having diarrhoea.

Catheterisation was ordered and I carried out this procedure, a small amount of r_{ℓ} urine only was obtained.

As assisted ventilation was necessary arrangements were made for Lucy's transfer Ward 5 Intensive Care Unit and then on to Belfast. Her parents were informed ar spoken to by Dr O'Donohoe and Dr Auterson. Time approximately 0445 hours. I accompanied Lucy with Medical staff to Ward 5 and stayed to give assistance. At approximately 0645 hours Lucy was transferred to Belfast by ambulance accompand Dr O'Donohoe and Nurse MacNeill.

Signed:

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