Received pursuant to Rule 17

SPERRIN LAKELAND
HEALTH AND SOCIAL CARE TRUST

ERNE HOSPITAL
ENNISKILLEN, CO. FERMANAGH, BT74 6NA. TELEPHONE [redacted] FACSIMILE [redacted]

Mr Kevin Doherty,
Westcott Business Services,
Fax No: [redacted]

re: Lucy Crawford, Erne Hospital Number : 123000

I was called to see Lucy on the day of admission by the SHO on duty (Dr Malik) because he was unable to site a drip. Lucy had been admitted with a history of vomiting and drowsiness. On examination she was sleepy but rousable. Since blood had been sent for urea and electrolyte measurements. I applied local anaesthetic cream to the areas where I thought I was most likely to be able to insert an IV cannula. In the meantime I gave her a bottle of fluid which she took well.

When the local anaesthetic cream had had time to take effect I inserted a cannula. While strapping the cannula in situ I saw Dr Malik writing as I was describing the fluid regime ie. 100 mls as a bolus over the first hour and then 30 mls per hour. The 100 mls was approximately 10 ml/Kg and to cover the possibility that the cannula might not last very long and the succeeding rate was relatively slow since I had seen her taking oral fluid well and presumed the rate of fluid need was relatively small. The intravenous fluid used was saline 0.18% saline;

I looked into the treatment room a few minutes later and Lucy was standing on the couch in front of her mother and looking better.

I was next called at approximately 03.00 because Lucy had had what sounded like a convulsion. My initial presumption was that this was a febrile convulsion. However since she showed no signs of recovering by the time I arrived and since there was a history of profuse diarrhoea I took a specimen for repeat urea and electrolytes. My recollection is that Dr Malik had started the intravenous normal saline before calling me and that the 500 mls given was virtually complete before I arrived. Her repeat urea and electrolytes measurement showed the sodium had fallen to 127. When I took over bagging from Dr Malik it was clear that there was no respiratory effort and her pupils were fixed and dilated. I continued bagging until Dr Anderson (anaesthetist) arrived and he intubated her and she was transferred to ICU.

I arranged transfer to the Paediatric Intensive Care Unit in the Royal Belfast Hospital for Sick Children and since there was no anaesthetist to travel with her I accompanied. I was unable to make a diagnosis for her deterioration prior to transfer. She was hand bagged until arrival in Belfast either by myself or the accompanying nurse from ICU. The only problem in transit was a fall in her blood pressure towards the endo of the journey at which point I started a dopamine infusion.

Sincerely,

Dr J M O'Donohoe