Form

CORONERS ACT (NORTHERN IRELAND) 1959

Deposition of Witness taken on TUESDAY the 17TH DAY (FEBRUARY 2004, at inquest touching the death of LUCY CRAWFOR before me J L LECKEY Coroner for the District of GREATER BELFA as follows to wit:-

The Deposition of DR T AUTERSON

of ERNE HOSPITAL, ENNISKILLEN who being sworn upon his oa saith

I was the on-call anaesthetist on the night of Wednesday 12th April 20(At approximately 03.40 on Thursday 13th April I was phoned switchboard and told I was needed urgently in the Childrens Ward – reason was given. I arrived in Childrens Ward shortly after 03.50, to fi a child in a side ward being manually ventilated by Dr J O'Donohue. was told that the child had been admitted the previous evening w vomiting, and had had some offensive diarrhoea – presumptive diagno being gastroenteritis. There was a cannula in the right hand or arm a intravenous fluids were being administered. The child was pale a unresponsive. Apparently at about 03.00 the child had had some type fit and was noted to have gone rigid. However, I was informed that at time was the pulse absent and cardiac arrest had not occurred. The ch had had a pyrexia of 38 – 39 and there was a query febrile convulsion. took over hand ventilation from Dr O'Donohue and noted that the pup were fixed and dilated and unresponsive to light. I then proceeded intubate the child with a Portex 4.5mm uncuffed endotracheal tube, whi was secured with tape and manual ventilation resumed with 100% C The child had been given rectal diazepam 2.5 mg after the "fit", so I ask for 100 microgram of Flumazenil (Anexate) to be given intravenous there was no improvement in neurological status or level unconsciousness. Throughout all this, the B.P was stable at between 80/ and 90/60 and there was a sinus tachycardia of 130 – 135/min. SaO2 w

This information was given orally & not in writing

98-100%. U&E Na127, K+2.5 – Query when sample taken? A portable chest x-ray and abdominal x-ray revealed what I thought was a normal chest and lung fields (no signs of aspiration), but the stomach and bowel were dilated with gas. I passed a small bore oro-gastric tube to deflate the stomach (undoubtedly filled with air due to the manual ventilation earlier.) This child needed CT scan of brain and a paediatric Intensive Care Unit – a bed in P.I.C.U at the Royal Belfast Hospital for Sick Children (RBHSC) was arranged. In the meantime, I decided to bring Lucy to our Intensive Care Unit for stabilisation etc. prior to transfer. Unfortunately we had no paediatric ventilator suitable for a 17-month old child who weighed approx 9kgs, but with some difficulty I was able to ventilate the child on a Puritan Bennett adult ventilator (VT200-f20,FiO2 1.0). Despite the fact that the BP was 80/50 and heart rate was 80-90, I was unable to palpate any peripheral pulses and was unsuccessful in cannulating either femoral artery. I did not insert a central line, due to the lack of recent experience with patients of this size – however the peripheral IV line was satisfactory. At this stage I replaced the oral ETT with a nasal ETT of the same size, without difficulty in order to make the airway more secure during transport to RBHSC. Also 25 mls 20% Mannitol was given slowly intravenous and an intravenous antibiotic was given. None of my colleagues were available to cover me in the event of my going to RBHSC with the child. Fortunately, Dr Ashgar Staff Grade Paediatrics was available to cover Dr O'Donohue Consultant Paediatrician who travelled with Lucy to Belfast. The child remained haemodynamically stable and at <u>no</u> point during the above became hypoxic. The ambulance arrived at approximately 06.10. The ambulance left the Erne with Lucy, Dr O'Donohue who provided manual ventilation with an Ambu Bag and an ICU nurse, at approximately 06.30. At approximately 08.30 I rang RBHSC P.I.C.U and was informed that Lucy had arrived safely and was being stabilised on a ventilator. Sadly there had been <u>no</u> improvement in neurological status and this persisted until approximately 12.00 the next day (Friday 14th April) when brain stem death was confirmed and ventilation was discontinued. This is as accurate a description of events that I can remember.

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on the day of 20 , at inquest touching the death of , before me

Coroner for the District of

as follows to wit:—

The Deposition of DR T. AUTERSON

of

(Address)

who being sworn upon h is oath, saith

Since Lucy's death we now have a paediatric ventilator. I do not know if the new hospital will have a PICU — it is not an acceptable situation. If a paediatric ventilator is essential then a rapid transfer to RBHSC would be required. I agree with Dr. Crean that to all intents and purposes Lucy died in the Erne. The transfer to Belfast could not have commenced until someone was available to provide cover for myself or Dr O'Donohue. It would not have made any difference which one of us travelled with Lucy. Dr O'Donohue was the transfer physician and provided the RBHSC with a clinical summary. Initially hyponatraemia did not occur to me though it did later when I got the results. On the ward fluid management is the responsibility of the surgeon or physician in charge — sometimes in consultation with the anaesthetist. I agree that in Lucy's case too much of the wrong fluid was given, I agree that the wrong fluid was given & that the rate of infusion was wrong.

P.T.O.

Mr. Free : The wrong fluid was given, too much of it was given and the rate of infusion should have been regulated. Lucy's care was not up to standard. When I arrived I agreed was frustrated that the equipment I needed was not being provided. There were some difficulties.

Mr. Todd : The paediatric ventilator was provided about a year after Lucy's death. During resuscitation there was organized chaos in the side-ward. Mr & Mrs Crawford were becoming distressed. I may have appeared grim. Resuscitation procedures are not pleasant.

T.W. Anderson

TAKEN before me this 18th day of February 2004

Coroner for the District of Greater Belfast

013-025-093a

The witness concerned: **Dr T Auterson**

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Mr Fee: The wrong fluid was given, too much of it was given and the rate of infusion should have been regulated. Lucy's care was not up to standard. When I arrived I agree I was frustrated that the equipment I needed was not being provided. There were some difficulties.

Mr Good: The paediatric ventilator was provided about a year after Lucy's death. During resuscitation there was organised chaos in the sideward. Mr & Mrs Crawford were becoming distressed. I may have appeared firm. Resuscitation procedures are not pleasant.