

Dr. Aparna Date.

Dept. of Anaesthesia,  
Warwick Hospital,  
Lakin Road, Warwick.  
CV34 5BW.

*U. Andrews - Hospital  
B. mylan*

12<sup>th</sup> Dec. 2001.

To,  
Ms. Therese Brown,  
Risk Management Coordinator,  
Altnagelvin Area Hospital,  
Glenshane Road, Londonderry,  
BT47 6SB.

Re: Statement of my involvement with Rachel Ferguson.

Dear Ms. Brown,

I am enclosing the statement about my involvement with the treatment of Rachel Ferguson  
(DOB 04/02/1992. Hospital No: AH 313854.)

Thanking you,

Yours sincerely,

Dr. Aparna Date.

*adate*

Cc: Dr. G.A. Nesbitt, Clinical Director, Dept. Of Anaesthesia, Altnagelvin Area Hospital.

**Statement About: Rachael Ferguson. (D.O.B. 04/02/1992. Hosp. No.: AH**

**From: Dr. Aparna Date. (Specialist Registrar In Anaesthetics.)**

On 09<sup>th</sup> June 2001, at about 4:15 – 4:30 am, I was called urgently via my bleep to the children's ward. I was in the labour ward at the time, which is two floors below the children's ward (Ward 6). It must have taken me less than 5 minutes to reach ward 6.

On my arrival at ward 6, I found a child, whom I now know to be Rachel Ferguson, in the treatment room. She was not breathing, was blue, but had a pulse. She was being given artificial breaths by the paediatrician using bag and mask.

I took over the care of Rachel's breathing from the paediatrician. I gave a few artificial breaths using bag and mask. I immediately placed an endotracheal tube into her trachea as I noticed the child was beginning to vomit or regurgitate her stomach contents. I suctioned the endotracheal tube and got copious dirty secretions out. I continued ventilating her lungs. Her colour improved with this and the pulse oximeter showed her oxygen saturation to be more than 90%. I also placed an orogastric tube via her mouth into the stomach.

I was told that Rachel had undergone an appendicectomy under a general anaesthetic on the night of 7<sup>th</sup> June 2001. She had been vomiting the next day. She apparently had developed seizures some time prior to the respiratory arrest. These had been treated with Diazepam. Blood investigations and C.T. Scan were being organised by the paediatricians. I phoned Dr. Nesbitt (Consultant Anaesthetist) and requested him to come over to the hospital. While we were awaiting transfer to the C.T. Scanner, myself and I

Allen (Anaesthetics S.H.O.) continued with the artificial ventilation using a portable ventilator. As I was called away to the A & E department for another patient, Dr. Allen continued the care of the child.

After the C.T. Scan, Rachel was admitted to the intensive care unit. Here she received artificial ventilation, intravenous fluids and antibiotics as per the advice of Consultant Anaesthetist & Consultant Paediatrician.

*adate*

**Dr. Aparna Date.**