STATEMENT

To: Ms. Teresa Brown (Risk Management Co-ordinator)

From: Staff Nurse Ann Noble (Ward 6 Altnagelvin Hospital)

Subject: Rachael Ferguson

Date: 14/6/01

Rachael was admitted to Ward 6 on Thursday 7th June 2001 from A & E shortly after 22:00 hours. Staff nurse Daphne Patterson documented her admission details.

She informed me that Mr Makar; Surgical SHO had prescribed *Intravenous Hartman's solution* for Rachael. As this prescription was not in keeping with common practice on the ward I informed Mr Makar who then changed the fluid prescription to *Solution 18.* The fluids were in progress until Rachael was going to theatre, then discontinued and recommenced when she returned to Ward 6.

Rachael was at the Operating Theatre during my break and had returned to the ward by the time I arrived back. I was informed that Rachael had a mildly congested appendix and that both her parents wanted to stay overnight. I carried out observations on her Temperature, Pulse, Respirations, Blood Pressure, Level of Consciousness and Condition of wound site; and subsequently four times thereafter, all were within normal parameters and I had no initial concerns about her. *Solution 18* was in progress parenterally at 80ml / hour and her cannula site appeared satisfactory.

Staff Nurse Patterson informed me that Mr Makar had prescribed - but not signed - the prescription for *flagyl 500mgs* intravenously for Rachael; she

contacted him by phone and requested him to sign for the prescription, he then instructed her to administer the *flagyl* rectally instead, as a parenteral antibiotic was not required. He also requested that we administer the drug one hour earlier i.e. 07:00 hours.

At the Nursing staff handover in the morning I informed the staff on duty that Rachael had not micturated, had received rectal *flagyl 500gs* and *voltarol 25mgs* for pain at 07:00 hours and appeared comfortable on reporting.

I returned to night duty on Friday 8th June, and took charge of the main ward for the duration of my shift. At handover, Staff Nurse Michaela McAuley reported that Rachael had micturated but had vomited a few times during the day, the latter requiring Parenteral *Zofran 2mgs* at around 17:30 hours, parenteral *Solution 18* was infusing at 80ml / hour and her parents were present.

I proceeded to administer the medications to the other children on the ward while my colleagues attended to their needs and carried out observations.

Between 21:00 hours and 21:15 hours, Staff Nurse S. Gilchrist reported that Rachael was still nauseated and had vomited coffee-ground material, she informed the Surgical SHO so that an antiemetic could be prescribed and administered. I reached Rachael's bed with the medicine trolley at 21:25 hours and informed her father that Rachael was due to receive rectal *flagyl*. He informed me that Rachael had a headache and - although she was asleep- was not settled.

I offered rectal *Paracetamol 500mgs* for her headache and Mr Ferguson was happy enough for her to receive it. Rachael was easily roused and I explained to her what I was about to do, and that the *Paracetamol* would hopefully

alleviate her headache; she was fully cooperative and I left her with her father. Rachael settled down to sleep. At 22:15 hours, S/N Gilchrist informed me that Rachael had received *Cyclizine* for nausea; then at approximately 23:30 hours her parents informed us they were going home and asked that we telephone them if there were any problems.

At 00:35 hours Staff Nurse F. Bryce noted that Rachael was becoming restless and as I was going on my break with Nursing Auxiliary (N/A) Lynch, Staff Nurses Gilchrist and Bryce and were going to attend her. On returning from my break, Staff Nurse Gilchrist gave me a report on the patients, she informed me that Rachael had "vomited a mouthful," had her pyjamas changed but went back to sleep; she had no other concerns about her.

At 03:00 hours whilst administering medication to a patient adjacent to Rachael, N/A Lynch informed me that Rachael was fitting; I immediately attended her and observed that she was lying in a left lateral position, was not cyanosed, but had been incontinent of urine and was in a tonic state. I asked Dr J.Johnston (Paediatric SHO) – who was at the nurses station directly outside Rachael's, room to attend urgently. He requested *diazepam and diazemuls* and Rachael was given oxygen via a non-rebreathing mask at 10 litres / minute, her colour suggested that she was well perfused. The Doctor was unsuccessful in his attempt to insert an airway. I administered the rectal *diazepam 5mgs* while the Doctor observed for effect. Rachael did not respond this, so upon informing the Doctor of her weight (25kgs), he drew up *2mgs of diazemuls (5mg/ml)* and administered it with effect. He then requested oxygen saturation recording, and as she was gurgling and salivating, he performed suction to maintain a patent airway. I checked her pupil reaction and found

both to be equal and reacting briskly to light. Dr Johnston then contacted the Surgical JHO. Rachael was nursed in a left lateral position; her heart rate was 78 beats / minute and oxygen saturation was in the high nineties. She was attempting to push the mask away from her face at this time.

N/A Lynch sat with Rachael while I called the family, though was unable to get a response despite a number of attempts. At this stage the surgical JHO arrived and I assisted him in obtaining blood for investigation and an ECG was performed. I eventually was able to contact Mr Ferguson and informed him that Rachael had fitted and the medical staff were in attendance; I also asked him if there was any history of seizures in the family to which he replied "No." He decided to allow his wife to sleep and came to the hospital on his own.

Dr Johnston – on examining the ECG – asked the surgical JHO to perform another recording and I asked Staff Nurse Bryce to record Rachael's blood pressure, which was within normal limits. I was with Rachael when her father arrived and noted her pulse rate to be fluctuating between 78 and 140 beats per minute and she was having intermittent tonic episodes. At this stage, Staff Nurse Gilchrist bleeped Dr. B. Trainor (Paediatric Registrar). Rachael was now having tonic movements every two to three minutes and I duly informed the Registrar who had just arrived on the ward. Rachael's pupils were now sluggish but still reacting to light. The Paediatric Registrar introduced herself to Mr Ferguson, then promptly examined Rachael and noted her pupils were now dilated, not reacting to light and her muscle tone was flaccid. She asked me to bleep Dr. Mc Cord (Paediatric Consultant) the time now being approximately 04:35 to 04:40 hours. Dr. Trainor spoke to Dr. Mc Cord and I

carried Rachael to the Treatment Room where we attached the 'propack' and 'saturation monitor.' Her oxygen saturations were in the high nineties and heart rate 80-90 beats / minute.

The Anaesthetic Registrar was contacted in anticipation of airway management though this changed to a fast bleep, as Rachael began to desaturate an airway was inserted, and Rachael was being 'bagged' by Dr. Trainor until the Anaesthetist arrived. Within approximately two minutes Rachael was intubated with a 'size 6 Endotracheal Tube' and her saturations improved to the high nineties.

Upon Dr. Mc Cord's arrival, a radiographer was contacted, and a CT Brain scan was arranged. I gathered equipment for catheterisation, enquired as to which parenteral fluids were required and then spoke to the parents, while Staff Nurses Gilchrist and Bryce remained in the Treatment Room.

The parents were understandably very upset and I informed them that the Doctors were attending Rachael, stabilising her condition and arranging further investigations and tests, and that someone would speak to them as soon as possible. This ends my statement.

Staff Nurse Ann Noble.

Ann Noble