ALTNAGELVIN HOSPITALS H&SST

Meeting held in the Clinical Education Centre on the 3 September, 2001 at 6 p.m. in the Resource Room 2.

Re: Rachael Ferguson Hospital No. 313854, DOB 4.2.92, DOD 9.6.01

PRESENT: Mrs. Ferguson, Mother of deceased child
Mrs. K. Doherty (Sister)
Mr. Thomas McMullan (Brother)
Ms. Rosaleen Callaghan (Family Friend)
Dr. Ashenhurst (Family G.P.)
Ms. Helen Quigley (WHSSC)
Mrs. S. Burnside, Chief Executive
Dr. G. A. Nesbitt, Clinical Director (Critical Care)
Dr. F. B. McCord, Consultant Paediatrician
Sister Millar, Ward 6
Staff Nurse A. Noble, Ward 6
Mrs. A. Doherty, Patients Advocate

Mrs. Burnside introduced members of staff to the Ferguson family.

Mrs. Kay Doherty said she would ask the questions and Mrs. Ferguson could speak if she felt like it.

Mrs. Doherty said Rachael was admitted with appendicitis. She was seen by the Doctor and family were told Rachael would be for Theatre but they would leave her for a time. It would be approximately 2.30 a.m. when she would be taken to Theatre. Parents decided to go home for a period but when they reached home the hospital phoned to say Rachael was going to Theatre soon.

Why? When the parents left there was no hurry in taking Rachael to Theatre.

Mrs. Ferguson said there had to be a reason for taking Rachael to Theatre sooner.

Dr. Nesbitt explained that Rachael had had tea at approximately 5 p.m. No surgery would be carried out for six hours as there was a danger of Rachael vomiting. It looked like it would be the early hours of the morning before Rachael would be taken to Theatre but then there was an earlier slot and it was thought that Rachael would go to Theatre around 11.10 p.m.

The Doctor passed Rachael ready for Theatre and explained to Mrs. Ferguson that there had been a delay as Rachael had to be fasted but would be taken at the earliest opportunity which would be approximately 11.30 p.m.

Dr. Nesbitt explained that the appendix would be removed as a ruptured appendix would be bad for a little girl. Dr. Nesbitt assured Mrs. Ferguson that the surgery was completely uneventful.

Mrs. Kay Doherty said that the parents were told that Rachael would be back within an hour but she wasn't back from Theatre until approximately 2.30 a.m.

Dr. Nesbitt explained that if Rachael went to Theatre around 12 midnight she would be prepared for anaesthetic.

Mrs. Ferguson said she went up to Theatre with Rachael and that she was knocked out at 11.40 a.m. Dr. Nesbitt explained that following surgery Rachael would be kept in the Theatre until she came round from the anaesthetic. The actual surgery would only be an hour but Rachael would not be back in the ward until she was fully recovered.

The histology report confirmed that Rachael had a normal appendix but it was better to take the appendix out.

Mrs. Ferguson said that the Doctor had said there were two blockages.

Mrs. Doherty asked, "what do you mean by blockages?"

Dr. Nesbitt explained that the appendix is a small finger like appendage on the bowel and if it gets blocked, it becomes engorged and swollen and can get red and inflamed. If the appendix bursts at this stage you can end up with a belly full of pus. A lot of people get their appendix out and many of them have a normal appendix when it is removed, but you examine the patient, make the diagnosis and remove the appendix.

Mrs. Ferguson said that when Rachael went down to Theatre she had no pain.

Dr. Nesbitt said that appendix pain comes and goes. Rachael could be fine at 11.30 p.m. but the pain could be back at 2 a.m. The appendix can rupture and the pain goes when this happens.

Mrs. Doherty asked Dr. Nesbitt if he was aware of any other problem. Dr. Nesbitt said no, Rachael was a normal healthy child with appendicitis.

Mrs. Doherty said Rachael was up on Friday morning. She was colouring in and was bright and alert. She was fine. Then she became sick, she was vomiting constantly and her face was blazing red.

Mrs. Ferguson said there must have been something wrong with that amount of vomiting. She mentioned it to the Doctor on a couple of occasions.

Mrs. Doherty said why had Rachael got a sore head. She shouldn't have had a sore head. When the sore head was mentioned to staff they said it would be normal to have a sore head during this period following surgery. The impression she got was "don't bother me". Rachael was bringing up blood when she vomited. Why was this?

Dr. Nesbitt said that when you are vomiting the back of the throat can become irritated and can bleed. There would have been nothing in Rachael's stomach and dry retching can cause some bleeding or it may be dark brown like coffee grounds.

Mrs. Ferguson said Rachael had a sore head. She was throwing up blood and her head was so sore she held her head between her hands.

Mrs. Doherty said Rachael was not a complainer. She wouldn't have complained if there was nothing wrong with her. Why did the Nurses not look about her when she was so sick and had a sore head.

Dr. Nesbitt said that on the day following surgery, the first post-op day, people can be sick and have a sore head.

Mrs. Doherty said something was wrong with Rachael. If a child is crying with a pain in her head ……

Mrs. Ferguson said, "and the amount of sickness" I thought that when her stomach was empty at least there would be no more sickness.

Sister Millar said she was on duty on Friday morning. She went off at 6 p.m. Rachael was walking in and out to the toilet and did not appear to be in pain – she was walking well. Sister Millar remarked to Rachael's dad how well Rachel was doing. Sister Millar had been aware that Rachael had vomited at around 9 a.m. but she did not see the vomit. Sister Millar did not consider this unusual as lots of children vomit. She had no major worries regarding Rachael but asked the Doctor to give her something for the vomiting. When Sister Millar went off at 6 p.m, the Doctor was giving Rachel Zofran.

Staff Nurse Noble said when she came on duty she got the report. She was told that Rachael had been sick during the day and had been given Zofran for this. She was not aware of any blood in the vomit nor of Rachael's sore head.

Mrs. K. Doherty said that Mrs. Ferguson rang her at 9.30 p.m. to say that she was concerned about Rachael – she still had a sore head. Mrs. Doherty advised Mrs. Ferguson to ask for answers; the headache was not there for nothing.

Staff Nurse Noble said that when she went down to the ward, Rachael's father was there and Rachael was dozing. Staff Nurse Noble gave Rachael Paracetamol suppositories for the headache. Staff Nurse Noble explained to Mr. Ferguson and to Rachel what she was doing. Rachael was alert at this time and then settled. Both parents left and went home. Rachael appeared settled after getting the Paracetamol.

Mrs. Ferguson queried if Rachael was sleeping.

Staff Nurse Noble said Rachael woke around 12.30 a.m. The Nurses went in to check on her. There was a mouthful of vomit on her pyjamas but she appeared to be alright.

Mrs. Ferguson said she felt that Rachael was not herself. When she looked at her eyes she felt there was something not right.

Mrs. Burnside said to Mrs. Ferguson that it was clear she knew Rachael so well that she sensed something was wrong. Something that Nursing Staff could not pick up on.

Mrs. Ferguson said she felt something was wrong with Rachael.

Mrs. Doherty said something was taking Rachael down.

Staff Nurse Noble left Rachael to settle as she felt Rachael would need the rest after vomiting all day. Children would normally settle and sleep. Most children recover while they sleep.

Mrs. Doherty said that Rachael's parents had got a phone call at 3.50 a.m. to say that Rachael had taken a seizure. When her father came to the ward, Rachael was still in the ward. Why was she still in the ward? Obviously something was wrong.

Staff Nurse Noble said they didn't always take a child to the treatment room. Sometimes they settle in the ward.

Staff Nurse Noble said she and an Auxiliary Nurse were in the ward with another child when the other Nurse heard a fissle. When she looked in on Rachael, Rachael was having a seizure.

Mrs. Ferguson asked Staff Nurse Noble how she knew Rachael was having a fit.

Staff Nurse Noble said Rachael was stiff and she noticed that Rachel had wet herself. There was a Doctor (SHO) outside who was called to see Rachael. Rachael was put on oxygen and got something to stop the seizure. She had an ECG - a heart tracing done. The Doctor ordered Rachael something to stop the seizure. It was Diazepam – Staff Nurse Noble said that is what we use – and I gave it to her. This did not settle Rachael and the Doctor (SH0) gave her Diazemuls. Rachael settled after this and staff continued to monitor her. Her pulse and blood pressure were satisfactory and Rachael appeared to be in a "post-fit" state.

Mrs. Kay Doherty said Rachael's father (Ray) arrived as Rachael was having her second fit.

Staff Nurse Noble said that Rachael's colour never changed and her pulse and blood pressure were normal. Children are not always taken to the treatment room when they fit. They get Diazemuls and usually settle and sleep.

Mrs. Ferguson said she arrived at 5 a.m. and Rachael was in the treatment room.

Dr. McCord said that when he saw Rachael he was concerned. Children have fits but Rachael looked unwell. Rachael had a faint rash and when you hear of a rash you immediately thing of meningitis. He discussed the case with his colleagues and decided to give Rachael high dose antibiotics.

When Dr. McCord got to the ward the Anaesthetist had been called and Rachael was intubated.

Mrs. K
ay Doherty said that when she got to the ward everything went up, they had everything on her. I looked at Rachael, her pupils were dilated. I thought she had passed away.

Dr. McCord said there is a strong possibility that is so. That may have been when meaningful life left her.

Rachael had a brain scan which showed swelling of the ventricles. Rachael was transferred to I.C.U.

Dr. McCord thought he could see a trickle on the brain san. Doctors in Belfast were contacted. They had a different expertise and the scans were faxed to Belfast. A second Brain Scan was requested. There were no new findings on the second scan. Arrangements were made to transfer Rachael to Belfast.

Mrs. Kay Doherty said when they got to Belfast they had to wait a while until Dr. Hanna spoke to them. Dr. Hanna said that there was no response from Rachael's brain and her brain had swollen. He did not want to give the family false hope. He said the prognosis is very, very poor. Rachael was taken up there with false hope.

Dr. Nesbitt said he did not give false hope but he wanted Rachael to have every possible chance. You were right the event in the ward was the terminal event but you have to give it all you have. I tried my best.

Mrs. Doherty said to Dr. Nesbitt you knew that Rachael wasn't going to make it.

Dr. Nesbitt said sometimes children are very ill and they can get up and walk away. We had to get Rachael to the experts and she was transferred up as quickly as was humanly possible. It was awful that you were dragged to Belfast and it was difficult for me to see you there but if Rachael had been my own child she would not have been treated any differently. I was totally devastated.

Mrs. Burnside said that it can be very difficult when a child is ill.

Mrs. Doherty said I knew then what I knew at 3 a.m.

Mrs. Burnside asked Mrs. Doherty if they felt very angry about the transfer to Belfast.

Mrs. Doherty said no, that didn't come into it.

Dr. Nesbitt said the specialist unit was in Belfast. We had to get her there.

Mrs. Doherty said they realised that.

Dr. Nesbitt said they could have wasted another hour before making the same decision.

Dr. McCord said the expertise was in Belfast and it was better to get her there.

Mrs. Doherty asked what were Rachael's sodium levels the first time they were done? What is routine? What checks do you do?

Dr. McCord said bloods are checked routinely on admission. 36 hours prior to this Rachael's bloods were normal.

Mrs. Doherty asked if they should not have been checked after the operation.

Dr. Nesbitt said that they may have to review procedures. It may be necessary to check routine admissions pre-op. and post-op. The reason why they are not done routinely is that it requires a needle into the vein to take the blood. At 3.30 a.m. Rachael's sodium was down.

Mrs. Doherty said she had looked up low sodium. Rachael had all the symptoms, vomiting, headache etc. and if it drops rapidly it can cause brain damage and death.

Dr. Nesbitt said they had also looked up the effects of low sodium and a rapid drop in Sodium was evidenced in a fit. Rachael had followed a normal course of events following her operation.

Mrs. Doherty said Rachael had deteriorated rapidly. She had all the classic signs i.e. headache.

Dr. Nesbitt said that looking back he realised that was so but it was extremely rare. Rachael had the common symptoms found in a child after operation. This is a common experience.

Mrs. Doherty said Rachael then had her blood checked regularly.

Dr. McCord said that was when she was in ICU. People are there for more intense monitoring.

Dr. Nesbitt said that is something that we might have to do, check blood six hourly. I have never seen this before.

Mrs. Doherty asked Dr. Nesbitt if on looking back, he had learned anything from this.

Dr. Nesbitt said I do think it was a low Sodium. I have been in contact with children's hospitals and we will look at ways of preventing this happening. This has made me change my practice. I was totally devastated.

Dr. McCord said the same fluids were used for children up and down the country. He felt that there had to be an innate sensitivity in Rachael's case. These fluids have the correct amount of sodium and glucose in the same amount of water. Rachael retained free fluid and this made her brain swell.

Mrs. Ferguson said Rachael's headache didn't start until Friday morning.

Dr. Nesbitt said he felt sorry for everyone on the ward. Looking back it was an awful experience for staff on the ward.

Sister Millar said she came back from days off and was absolutely devastated when she heard. She said she had been nursing for over 30 years and had never seen anything like this happen. There would be some children that you worried about but there was nothing about Rachael that caused her concern.

Mrs. Burnside said to the family that they would have more questions. It would be a long time until the inquest and we would do all we could to help them. The hospital would look at things and see if there were ways of improving care.

Mrs. Doherty asked Staff Nurse Noble if Rachael had said anything to them.

Staff Nurse Noble said that when she came back from her break the Staff Nurse told her that Rachael had had a mouthful of vomit on her pyjamas but she just wanted to sleep. She behaved as any other child. As a mother I would have phoned and let her mother know if Rachael had been asking for her.

Dr. McCord assured the family that Rachael had not felt anything and had not suffered.

Dr. Nesbitt said that death occurred when meaningful life ceases, when the brain ceases. Death for Rachael had occurred before she went for the brain scan. Once this event occurs you are not aware of anything. I can categorically say and reassure you that Rachael did not feel any pain and was unaware of anything although there were some movements. I still think it was the right thing to do, to give a person the benefit of the doubt even when you know deep down in your heart that chances are poor.

Mrs. Ferguson said that when her husband went over to the hospital, the Nurses said that the drip was all tangled up around Rachael.

Staff Nurse Noble said that Rachael was not restless. The Nurse heard a fissle of bedclothes and looked in at Rachael and called Nurse Noble.

Dr. Nesbitt said quite often children got a bit tangled up with their drip. This is normal.

Mrs. Burnside asked the family if they had any worry about the drip but none were expressed.

Staff Nurse Noble said the Nurse had been in with Rachael at 2 a.m. doing her pulse and blood pressure.

Mrs. Doherty said that Mrs. Ferguson had a fear that Rachael was looking for her and no one was there.

Staff Nurse Noble said Rachael's observations had been checked and staff were in and out of the ward almost constantly. There was a child who needed turned two hourly if she was on one side and one hourly if she was on the other side. The ward was opposite the Nurses station. If anyone had noticed anything untoward they would have said. When Rachael took the fit she deteriorated very quickly. When her pupils were checked they were equal and reacting and then the next time they were checked they were not reacting as briskly. She did seem to go down very quickly. The SHO was there.

Mrs. Ferguson asked about the trickle in Rachel's brain, in the scan.

Dr. McCord said his interpretation was that it was a bleed. He said it is very difficult to interpret a scan as it is all areas of grey, but he gave his opinion and the treatment would not have changed. She would still have been transferred to Belfast.

Mrs. Burnside asked Dr. McCord if he thought it was a bleed.

Dr. McCord explained why he thought it was.

Mrs. Burnside said so the result is a swelling in the brain.

Dr. Nesbitt said the treatment is exactly the same regardless of what the cause is. Result is swelling of the brain. Even with treatment the swelling cannot be reduced. The main thing is to get her to a center where the experts are and who can operate if necessary.

Ms. R. Callaghan, friend of the family, asked if it would be possible for the family to be informed of the result of a meeting to be held at the end of the month.

Dr. Nesbitt said that at the meeting they would be looking at fluids given to children and that the family could be informed.

Ms. R. Callaghan said Rachael was checked at 2 a.m., then at 3.40 a.m., how often are checks carried out?

Staff Nurse Noble said observations are checked at 10 p.m., 2 a.m. and 6 a.m., also at any time the staff felt they needed to check them. Nurses are constantly up and down the ward checking if a child is not sleeping or in the ward with a child requiring turns. If a child is restless the Nurses go in.

Mrs. Ferguson said she felt that there was something wrong when Rachael threw up the blood. She knew when she looked into Rachael's eyes.

Mrs. Burnside said to Mrs. Ferguson it was obvious that she knew Rachael well. She was aware of a change in her; a sense that we did not have. Mrs. Burnside said it will be a long time until the inquest. We realise this is a tragedy and devastating for you but we don't want you to feel isolated. If we can be of any help at all .....

Mrs. Doherty said Mrs. Ferguson was concerned about her other three children. What if they are sick and have to come to hospital?

Dr. Nesbitt said we all feel the same. If it was my child ..... He said the fluids used are the standard across the country. We may have to change these if children are getting too much sodium. There has to be a middle ground. Nothing we were doing was unusual.

Mrs. Burnside said she would leave the offer with the family. The door is open. She said this did not occlude any other action they might want to take.

Ms. Rosaleen Callaghan asked if it would be possible for Rachael's medical notes to be made available to the family.

Dr. Nesbitt reassured the family that they could get a photocopy of the medical notes.

Ms. Callaghan said that would be helpful.

Dr. Nesbitt said he would be happy to go through the notes, blow by blow. My involvement with Rachael was after the event had occurred. I was very upset.

Mrs. Doherty said we'll leave it at that.

Mrs. Burnside asked if it would be helpful if Rachel's medical notes were sent to Dr. Ashenhurst.

Dr. Ashenhurst agreed with the family that she would go through the notes with them.

Mrs. Burnside confirmed that a photocopy of the medical notes would be sent to Dr. Ashenhurst.

Mrs. Doherty said they were hoping to have the post mortem on the brain soon but it could take up to four months.

Mrs. Burnside agreed that four months was a very long time.

The meeting concluded at 7.15 p.m.