(6)

CRITICAL INCIDENT REVIEW MEETING 09/4/02

To review the Action Plan of the critical incident meeting of 12-6-2001 following the death of Rachel Ferguson.

1 Review evidence for use of routine post-operative low electrolyte IV infusion and suggest changes if evidence indicates. No change in current use of Solution 18 until review.

- **An immediate review was undertaken and a decision was taken that from all <u>Surgical</u> patients (including orthopaedic) to receive I V Hartmans Solution and 6 hourly BM's.**

2 Arrange daily U&E on all post-operative children receiving IV infusion on Ward 6.

- **This was immediately actioned by Sister Miller. The phlebotomists take the blood. It is not clear who is responsible for ordering the blood. Mrs Witherow and Mrs Brown will prepare ward guidelines**

Acion T Brown A Witherow

3 Inform surgical junior staff to assess these results promptly.

- **This was immediately actioned by Mr Gilliland. All staff are informed at induction. This information should be included in the Junior Doctors handbook. At the moment blood results come up on the computer. This does not show the normal range. Agreed that <u>all</u> bloods are to be reported to the Surgeons routinely. Anne Witherow to speak to Dr. M O'Kane to ascertain if the normal ranges can be put on the computer.**

Action A Witherow

4. All urinary output should be measured and recorded while IV infusion is in progress.

- **The fluid balance sheet has been revised to allow recording of urinary output and vomit.**

5. A chart for IV fluid infusion rates to be displayed on Ward 6 to guide junior medical staff.

- **The chart was prepared and displayed by Dr Mc Cord by July 2001.**

6. Review fluid balance documentation used on Ward 6.

- **The fluid balance sheet has been revised to show exact timing of IV Fluids, and when they have been discontinued. It was noted that there is a Regional Group currently reviewing this form. We will await receipt of the revised form.**

7. Need to agree responsibility for the prescribing and management of fluids post operatively. Agreed that Dr. Nesbitt will discuss with Anaesthetists and agree a maximum time that postoperative fluids will be prescribed by anaesthetists.

Action Dr. Nesbitt

8. Departmental guidelines received April 2002 regarding fluid management in all children have been displayed on ward 6, theatres and A&E.

R A FULTON
11-4-2002

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