STATEMENT

to: Ms.Teresa Brown, (Risk Assessment Manager)

from: Staff Nurse Ann Marie Noble, (Ward 6)

subject: Rachel Ferguson

date: 14/06/2001

Rachel was admitted to Ward 6 on Thursday 7th June 2001 shortly after 22:00hours; Staff Nurse D.Patterson documeted her admission details.

[redacted] Rachel was at the Operating Theatre during my break and had returned to the ward by the time I arrived back. I was informed that Rachel had a mildly congested appendix and that both her parents wanted to stay overnight. I performed approximately four sets of post operative observations, (Temperature, Pulse, Blood - Pressure, Level of Consciousness and condition of the woundsite) all were within normal parameteters and I had no initial concerns about her. *"Solution 18"* was in progress parentrally at 80ml/hour and her cannula site was satisfactory.

[redacted] Staff Nurse Patterson informed me that Mr Makar had prescribed but not signed the prescription for *"flagyl 500mg"* Intravenously for Rachael; she contacted him by phone and requested him to sign for the prescription, he then instructed her to adminster *"flagyl"* rectally instead as a parentral antibiotic was not required. He also requested that we administer the drug one hour earlier i.e. 07:00 hours.

[redacted]
x 2

At the Nursing staff handover in the morning I informed them that Rachael had not micturated, had received rectal *"flagyl 500mg"* and *"voltarol 25mg"* 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 the Nursing Handover, Staff Nurse Michaela McCauley reported that Rachael had micturated but had vomited a few times during the day, the latter requiring Parentral *"Zofran 2mg"* at around 17:30 hours, she was continued on parentral *"Solution 18"* at 80ml./ hour and her parents were present.

I proceeded to administer the medications to the children on the ward while the remainig staff attended to the patient's needs and observations.

[redacted]

+ Headache.
Rx Paracetamol

Between 21:00 hours and 21:15 hours, Staff Nurse S.Gilchrist reported that Racheal 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 Racheal'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 "*Paracetamol 500mg*"for her headache, and Mr.Ferguson appeared content. Racheal was easily roused and I explained to her what I was about to do, and that I was going to give her something to alleviate her headache; she was fully cooperative and her father was present. Racheal settled down to sleep.

At 22:15 hours I was made aware that Racheal had received "*valoid*" for her nausea; then at 23:30 hours, Rachael's parents informed us that they were going home and asked that we telephone them if there were any problems.

[redacted]

Rpt qp.
& ens.

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

[redacted]

Fit.

At 03:00 hours whilst administering medication to a patient adjacent to Racheal, N/A Lynch informed me that Racheal was fitting; I immediately attended her and observed that she was laying in a latteral position, was not cyanosed, but had been incontinent of urine and was in a tonic state. I asked Dr J.Johnstone - who was on the wardat the time - to attend her urgently. He requested "*diazepam*" and "*diazemuls*" and Rachael was given oxygen through a non-rebreathing paediatric mask at 10 litres/minute, her colour was good. The Doctor was unsucsessful in his attempt to insert an airway. I administered the rectal "*diazepam 5mg*" while the Doctor observed for effect. Racheal did not respond to this, so upon informing the Doctor of Racheal's weight being 25kg., he drew up "*2mg of diazemuls (5mg/ml)*" and administered it with effect. The Doctor then requested oxygen saturation recording, and as she sounded "rattly", he performed suction to maintain a patent airway. I checked her pupils, and they were both equal and reacting to light. Dr Johnston then contacted the sugical JHO. Rachael was nursed in a lateral position; her heart rate was 78 beats/minute, and oxygen staurations in the high nineties though she was attempting to push the mask away from her face.

N/A Lynch then sat with Racheal while I called the family, though I was unable to get a response despite two attempts. At that stage the surgical JHO arrived and I

[redacted] assisted him in obtaining blood for investigation and an ECG was performed. I eventually was able to contact Mr ferguson and informed him that "Raheal had had a fit, and that the medical staff were in attendance;" I also asked him if there had been 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 in a taxi.

Dr Johnstone - on examining the ECG - asked the surgical JHO to perform another recording and I asked Staff Nurse Bryce to record her blood pressure which was normal. I was with Rachel when her father arrived and noted her pulse rate to be fluctuating between 78 and 140 beat/minute and she was having intermittent tonic episodes. At this stage, Staff Nurse Gilchrist bleeped the Paediatric Registrar, Rachel was now having tonic movements every two to three minutes and I informed the [redacted] 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 Racheal and noted that her pupils were now dilated and not reacting to light and her muscle tone was flaccid. She asked me to bleep Dr. McCord (Paediatric Consultant) the time now being approximately 04:35 to 04:40 hours. The registrar spoke to Dr.McCord and I carried Racheal to the Treatment Room where we attached the "*Propack*" and a "*saturation monitor* ." Her oxygen saturations were in the high nineties and heart rate 80 - 90 beats/minute.

[redacted] The Anaesthetic Registrar was contacted in anticipation of airway management, though this changed to a fast bleep, as Racheal began to desaturate. An airway was inserted, and Racheal was being bagged by the Paediatric Registrar until the CT arranged Anaesthetist arrived. Within approximately two minutes Racheal was intubated with a "*size 6.0 ET Tube*" and her saturations improved to the high nineties.

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

4. CT scan by → A&E to help on call consultant

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

Staff Nurse Ann Noble