

re Lucy CRAWFORD

Appendix 19.

20.4.00

I was the on-call anaesthetist on the night of Wednesday 12th April, 2000. At approx 03.40 on Thursday, 13th April, I was phoned by switchboard and told I was needed urgently in the children's ward — no reason was given. I arrived in children's ward shortly after 03.50, to find a child in a side ward being manually ventilated by Dr. J. O'Donoghue. I was told that the child had been admitted the previous evening with vomiting, and had had some offensive diarrhoea — presumptive diagnosis being gastroenteritis. There was a cannula in the right hand or arm, and i.v. fluids were being administered. The child was pale and unresponsive. Apparently, the child had had some type of "fit" about 03.00. The child had had some type of "fit" and was noted to have gone rigid. However, I was informed that at no time was the pulse absent, and cardiac arrest had not occurred. The child had had a pyrexia of 38°-39°C — ?? febrile convulsion.

I took over hand ventilation from Dr. O'Donoghue, and noted that the pupils were fixed and dilated and unresponsive to light. I then proceeded to intubate the child with a Portex 4.5mm uncuffed endotracheal tube, which was secured with tape, and manual ventilation resumed with 100% O₂.

The child had been given rectal diazepam 2.5mg after the "fit", so I asked for 100 micrograms of flumazenil (Anexate) to be given i.v. - There was no improvement in neurological status or level of consciousness. Throughout all this, the B.P. was stable at between 80/50 and 90/60, and there was a sinus tachycardia of 130-135/min. Sao_2 was 98-100. U+E $\text{Na}^+ 127$, $\text{K}^+ 2.5$ - ? when sample taken

A portable CXR and abdominal XR revealed what I thought was a normal chest and lung fields (no signs of aspiration), but the stomach and bowel were dilated with gas. I passed a small bore oro-gastric tube to deflate the stomach (undoubtedly filled with air due to the manual ventilation earlier).

The child needed CT scan of brain and a paediatric ICU - a bed in P.I.C.U. in RBHSC was arranged. In the meantime, I decided to bring Lucy to our ICU for stabilisation etc. prior to transfer.

Unfortunately, we had no paediatric ventilator suitable for a 17-month child who weighed approx 10 kgs, but with some difficulty I was able to ventilate the child on a Puritan Bennett adult ventilator ($V_T \sim 200$, $f 20$, $\text{FiO}_2 1.0$)

Despite the fact that the B.P. was $\sim 80/50$ and

HR was 80-90 (S.F.), I was unable to palpate ⁽³⁾
any peripheral pulses, and was unsuccessful in
cannulating either femoral artery. I did not
insert a central line, due to lack of recent
experience with patients of this size - however,
the peripheral I.V. line was satisfactory.

At this stage I replaced the oral E.T.T. with
a nasal E.T.T. of the same size, without difficulty,
in order to make the airway more secure during
transport to RBHSC. Also, 25mls 20% Mannitol
was given slowly I.V., and an I.V. antibiotic (Clafora
if I remember correctly) was given.

The next problem was that none of my colleagues
were available to cover me in the event of my
going to RBHSC with the child: Fortunately,
Dr. Asghar was available to cover Dr. Donohue,
who kindly agreed to go with Lucy to Belfast.

The child remained haemodynamically stable, and
at no point during the above became hypoxic.

The ambulance arrived at approx. 06.10,
and left the Emu with Lucy, and Dr. O'Donoghue
provided manual ventilation with an Ambu Bag,
and an ICU nurse - at approx. 06.30.

LC-SLT

At approx 08.30, I rang RBHSC P.I.C.U. 034-024-075

[redacted] was informed that Lucy had arrived safely and was being stabilised on a ventilator. Sadly, there had been no improvement in neurological status, and this persisted until approx 12.00 the next day (Friday 14th April) when brain stem death was confirmed, and Ventilation was discontinued.

This is as accurate a description of events that I can remember.

T.N. Anderson,

DR. T.N. ANDERSON F.F.A.R.C.S.

P.S. I anaesthetised Mrs. May Crawford for the LUSCS to deliver Lucy approx. 17 months ago.

Also my wife [redacted] is the family G.P.