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17 July 2000

Mr E Fee
Director of Acute Hospital Services
Tyrone County Hospital
OMAGH
Co Tyrone

Dear Mr Fee

RE: REVIEW OF LUCY CRAWFORD CASE

Having read through the Review including all of the reports received, I do not have the final report of the Post Mortem and therefore have not seen it. The overall impression gained from reading through all of the reports is of a child who came in with what was thought to be a viral infection or a urinary tract infection. This child was thought to be no sicker than the average patient coming in to the ward and it seems to have come as a major surprise to everyone when there was a sudden deterioration noted at a few minutes before 3 o'clock in the morning. From which point onwards the child never showed any evidence of improvement until eventually determined brain dead.

I found that the report by Dr Quinn, whilst being helpful in the sense that it ruled out any obvious mis-management on the part of our medical/nursing staff at the hospital, was also evidence of the fact that there was no clearly obvious explanation for the child's sudden deterioration.

Certain lessons can be learned from the information that we do have available and the most obvious of these is:

(1) the need for prescribed orders to be clearly documented and signed by the prescriber; and

(2) the importance for standard protocols to be readily available in the ward against which treatment can be compared.

There was also a mistake in the calculation of the ongoing cumulative fluid which the patient received. This would be understandable if it had occurred after the emergency at 3 o'clock but in fact the inaccuracies precede preceed that emergency, There is no obvious indication as to suggest that the nursing staff were under excessive pressure by an excessive workload up to that point. If they were then the staffing of the ward would need to be addressed.

[redacted] recommendations would be:

(1) That all team members involved in the care of the child on the night in question would probably benefit from a joint meeting and discussion of this report/findings; and

(2) That it would be appropriate for another meeting with the family to appraise them of all of the knowledge and opinions that we have at this point. Whilst we are not in a position to give them definite answers we may at least be able to demonstrate our openness and show to them the measures that have been taken to analyse the care of Lucys admission.

Thanking you.

Yours sincerely

Dr T Anderson, M.B., F.R.C.O.G.
Clinical Director