

ERNE HOSPITAL
ENNISKILLEN, CO. FERMANAGH. BT74 6AY. TELEPHONE [REDACTED]

FACSIMILE [REDACTED]

5 May 2000

CONFIDENTIAL

Mrs E Miller
Clinical Services Manager
Erne Hospital
ENNISKILLEN
BT74 6AY

RECEIVED

05 MAY 2000

Dear Mrs Miller

Re: Lucy Crawford [REDACTED]

I saw Lucy at the request of her General Practitioner on 12 April 2000 at 1930 with a 2 day history of fever, vomiting and passing of smelly urine. The General Practitioner's impression was that Lucy was suffering from query UTI and needed intravenous fluids.

I took a detailed history, examined the patient and made the provisional diagnosis of viral illness. I admitted her for investigations and administration of intravenous fluids. I did manage to take bloods for FBC and U&E but could not insert intravenous cannula so I called Dr O'Donohoe around 2100 for his advice regarding management of the patient. When Dr O'Donohoe arrived I gave him my clinical findings regarding this patient. While he was managing the patient I was called away to see another emergency admission. I saw 3 patients at the request of General Practitioners and finished my last admission at 0130.

I received a bleep from Children's ward at 0258 (13/4/00) saying that Lucy had become unwell. I went straight away to the ward and was informed by a nurse that Lucy was having a fit. When I examined her she was having a tonic fit with twitching of the fingers on both her hands. She was afebrile and breathing spontaneously, peripheral pulses were present and chest was clear. I told the nurse to give 2.5 mgs of Diazepam rectally. In the meantime Dr O'Donohoe was contacted by one of the Nursing Staff and I went to the nurses' station to talk to him on the telephone. I briefed him about Lucy's latest condition and he told me that he was on his way. I went back to Lucy's room and the nurse told me that Lucy had passed foul smelling loose motions within a couple of minutes of giving the Diazepam suppository. At that time Lucy's respiration became difficult and she stopped breathing. I felt her brachial pulse which was present. I started bagging her effectively. I asked the nurses to attach cardiac as well as pulse oximeter monitor. Within 2-3 minutes of institution of respiratory support Dr O'Donohoe arrived and took over the management.

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Lucy was intubated by the Consultant Anaesthetist and was moved to ICU at 0445, with a view to be transferred to Paediatric ICU at Royal Belfast Hospital for Sick Children by Dr O'Donohoe.

Yours sincerely

Amerullah Malik

Dr A Malik
SHO in Paediatrics

cc Dr T Anderson, Clinical Director for Obs/Gynae/Paeds



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