Appendix 10

SPERRIN LAKELAND
HEALTH AND SOCIAL CARE TRUST

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

Mr T Anderson,
Clinical Director,
Womens and Childrens Directorate,
C/O: Ob/Gyn Department,
Erne Hospital.

5/3/2000

Dear Trevor,

Attached is the report on the admission of Lucy Crawford as requested. I have tried to be as factual as possible. I have obtained a copy of the post-mortem report from her GP, copy attached.

Yours sincerely,

Dr J M O'Donohoe
Consultant Paediatrician.

LC-SLT

re: Lucy Crawford. Erne Hospital Number: 123000

I was called to see Lucy on the day of admission by the SHO on duty (Dr Malik) because he was unable to site a drip. Lucy had been admitted with a history of vomiting and drowsiness. On examination she was sleepy but rousable. Since blood had been sent for urea and electrolyte measurements I applied local anaesthetic cream to the areas where I thought I was most likely to be able to insert an IV cannula. In the meantime I gave her a bottle of fluid which she took well.

When the local anaesthetic cream had had time to take effect I inserted a cannula. While strapping the cannula in situ I saw Dr Malik writing as I was describing the fluid regime i.e. 100 mls as a bolus over the first hour and then 30 mls per hour. The 100 mls was approximately 10 ml/Kg and to cover the possibility that the cannula might not last very long and the succeeding rate was relatively slow since I had seen her taking oral fluid well and presumed the rate of fluid needed was relatively small.

I looked in to the treatment room a few minutes later and Lucy was standing on the couch in front of her mother and looking better.

I was next called at approximately 03.00 because Lucy had had what sounded like a convulsion. My initial presumption was that this was a febrile convulsion. However since she showed no signs of recovering by the time I arrived and since there was a history of profuse diarrhoea I took a specimen for repeat urea and electrolytes. This showed that the sodium had fallen to 127, a level at which hyponatraemic convulsion is rare. When I took over bagging from Dr Malik it was clear that there was no respiratory effort and her pupils were fixed and dilated. I continued bagging until Dr Auterson arrived and he intubated her and she was transferred to I.C.U.

I arranged transfer to the Paediatric Intensive Care Unit in the Royal Hospital for Sick Children, Belfast and since there was no anaesthetist available to travel with her I accompanied her. I was unable to make a diagnosis for her detioraration prior to transfer. She was hand bagged until arrival in Belfast either by myself or the accompanying nurse from ICU. The only problem in transit was a fall in her blood pressure towards the end of the journey at which point I started a dopamine infusion.

Autopsy No: A45144 PPM No: 57-00 Name: Lucy Crawford

NORTHERN IRELAND REGIONAL PERINATAL/PAEDIATRIC
PATHOLOGY SERVICE DEPARTMENT OF PATHOLOGY
ROYAL GROUP OF HOSPITALS TRUST, BELFAST

POST MORTEM REPORT

Name: Lucy Crawford
A. No: A45144
Hospital No: CH461358
PPM No: 57-00
Age: 18 months (dob: 5.11.98) Sex: F
Health Board: WHSSB
Mothers Name: May Crawford
Date of PM: 14.04.2000
Ward: PICU Hospital: RBHSC
Clinician: Dr D Hanrahan
Pathologist: Dr M D O'Hara
Total No. of Pages: 1

Provisional Anatomical Summary:

1. History of acute 24-36 hour history of vomiting/diarrhoeal illness with dehydration and drowsiness 14.4.2000.
2. History of seizure at 0300 hours 13.4.2000, pupils fixed and dilated following intubation.
3. Relatively little congestion with some distension of large and small intestine with gas and clear fluid, patchy pulmonary congestion, pulmonary oedema.
4. Swollen brain with generalised oedema, brain to be further described following fixation.
5. Heart given for valve transplantation purposes.

Signature:

Date: 17.04.2000