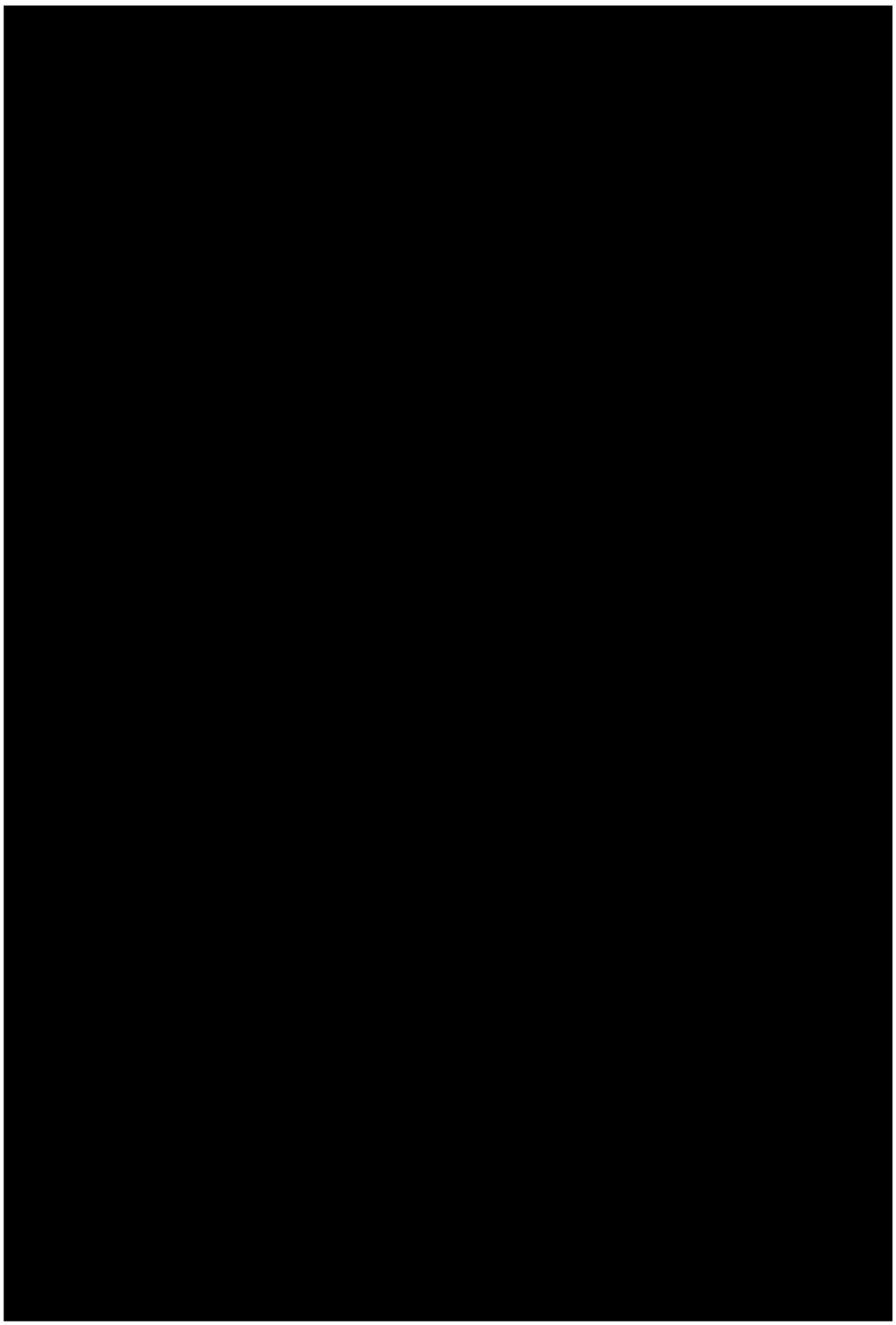
Meeting with Dr. Stewart – 01.06.01



Case 3 – LC

Q1. Was the delay to IV fluids significant? Was there sufficient attention to fluid balance?

Q2. Was it reasonable to push oral fluids in the first hours of admission?

Q3. Dr. O' Donohoe came in from home to insert IV line after SHO attempts – nurses report this in a positive light – not failure of care?

Q4. Should a urea of 9.9 given rise to major concerns. It corrected to 4.9 within hours.

Q5. Do you really think that the electrolyte changes caused the seizure?

A1 - 5 Capillary refill time, raised urea and C02 level point to circulatory failure. IV fluids were indicated earlier. Overall amount of fluids once started not a major problem but rate of change of electrolytes may have been responsible for the cerebral oedema. RVH ward guidelines would recommend N-saline not 1/5th normal as the replacement fluid.

Other issues – Was this child bagged with mask for ~ 1hour. (?anaethetist involvement)

Summary Questions & Comments?

1) **Factual account of each case with limited opinion.**

2) **What dose the overall pattern suggest?**

3) **Further advice**
   a. **Addressing the pattern of problems**
   b. **Is there a need for GMC input?**
   c. **Is there a need for a monitoring mechanism?**

There is insufficient sub-optimal practice to justify referral to GMC. Cases [redacted] do not amount to incompetence but care suboptimal.

Monitor, develop further work on guidelines and protocols and link with paediatrics at Altnagelvin advised.

Help with the community problem?

Advisory documents on Community Health Services provided.

Draft Job description template provided.

Agrees with approach to advertise two jobs to help develop service.