

Lucy Crawford Case

Meeting Altnagelvin 21.06.00

Present Dr. Murray Quinn
Dr. Kelly Medical Director
Mr. E. Fee Acute Services Director

Dr. Quinn provided his opinion on the notes and the PM report.

Fluids Issue Choice of fluid correct
Resuscitation volume higher than normal

Dr. Murray outlined his expectation of fluid replacement

Maintenance	40 mls / Hr
10% dehydrated	80 ml/hr

This child was probably moderately dehydrated Urea 9.0

Fluid replacement 4 hours @ 100 mls provided was greater than normal but not grossly excessive.

Dr. Quinn does not feel that the extra fluids caused the brain problem.

Dr. Quinn notes that there was further fluids administered after the resuscitation - 250 mls N-Saline. Again choice of fluid by anaesthetist was reasonable but volume high. Could after an hypoxic incident this have produced the cerebral oedema. Events remain unclear

Could there have been earlier seizures resulting in hypoxia for 15 - 20 minutes prior to catastrophic "seizure event"?

Did significant coning occur and when.?

What role the B'pneumonia

Reviewing the PM report Dr Quinn feels it does not help us piece together why this child died.

There was Rotavirus present to cause the diarrhoea but this does not appear to have been very significant.

The B'Pneumonia Dr. Kelly asked -Is there an issue of missing this chest problem? Dr. Quinn stated that he had no great concerns on this issue as it would

common for this to happen - the diagnosis can be very difficult in this size of infant until a chest x-ray is performed.

Dr. Kelly asked Is there an issue of incompetence - should consideration be given to temporary suspension.. Dr Quinn stated that he saw no reason for suspension. The issues raised by the case are more about recording fluid prescriptions carefully and ensuring clarity of instruction.