



Appendix 10.

ERNE HOSPITAL
ENNISKILLEN, CO. FERMANAGH. BT74 6AY. TELEPHONE 0 [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,

A handwritten signature in dark ink, appearing to read "J M O'Donohoe", written over a horizontal line.

Dr J M O'Donohoe
Consultant Paediatrician.



SPERRIN LAKELAND IS A HEALTH AND SOCIAL SERVICES TRUST

043-074-154 154

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 deterioration 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.