~~STATEMENT IN MY CAPACITY.~~

Name : Sally McManus.
Designation : Paediatric Staff Nurse RGN/RSCN.
Childrens Ward - Erne Hospital.

My dealings with L.C. began at 2·55 when I was called to see her by E/N. T. McCaffrey. Prior to this the history as documented by myself in the nursing kardex was as follows.

L.C. was admitted with the day staff at 19·30 with a 36 hour history of vomiting, but no diarroea and had been becoming drowsy for the previous 12 hours.

On admission L.C was examined by Dr Malik (SHO) who was unable to successfully cannulate her. Dr Donohue (consultant on call) was called. Dr D. also had difficulties and small quantities of oral fluid were offered and tolerated. She appeared keen to drink. 50mls juice and 150mls diavolyte were taken slowly over the following 1½ hrs.

At 22·30 cannulation was successful into the left hand. I.V. fluids were commenced by S/N Swift as per drs instructions at a rate of 100mls/hr. At 24[15] hrs Lucy had a large vomit and I.V. fluids remained unchanged.

At 2·30am I was informed by EN McCaffrey that L.C. had had a large offensive episode of diarroea - Lucy was apyrexial at this time, and awake in mums arms while the bed was changed At this time I was with another patient in a side room. I asked E/N McCaffrey, to take routine stool specimens for Rotavirus, C+S + ECOli and to move L.C. to a side room to prevent cross infection, as at this time she was being nursed on the open ward.

At 2·55 EIN McCaffrey was called by mum, she immediately alerted me. On entering the room I found lucy rigid in mums arm. I took lucy from mum and laid her on the bed, ~~but~~ she had no loss of colour, but was rigid with lip smacking and twitching of eyelids. O2 therapy was commenced at 5L and observations recorded Dr Malik was bleeped to come urgently to the ward, suction was brought into the room though not required at this time. Before the SHO arrived lucy appeared to come out of the episode, limbs loosened and eyes opened but then became rigid again.

SHO arrived history given and full examination done. 2·5mg pr diazepam was given but within 1 minute of being given lucy had a large watery stool.

I.V. fluids were changed to 0·9% NaCl as BM recorded as 13·4 mmols.

At 03·30am lucy was noted to have decreased resp effort, an airway was inserted and bagging commenced via face mask.

Dr Donohue now present, repeat U+E's ordered, also chest and abdo x-rays. Anaesthetist requested to attend

I was not involved with the resuscitation of L.C on arrival of the anaesthetist this role was carried out by S/N. T. Jones as documented by herself within the nursing kardex.