

TO BE COMPLETED
WHEN THE
STATEMENT HAS
BEEN WRITTEN

STATEMENT OF: PETER CREAN REGISTERED MEDICAL PRACTITIONER
Name OVER 21 Rank

AGE OF WITNESS (if over 21 enter "over 21"): _____

NOT SIGNED IN POLICE OFFICER'S PRESENCE

I declare that this statement consisting of _____ pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this _____ day of _____



SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

Re: Lucy Crawford (deceased) DOB: 05/11/98

I am a registered medical practitioner and was appointed to the Royal Belfast Hospital for Sick Children as a consultant in paediatric anaesthesia and intensive care in 1984. I qualified from Queen's University, Belfast and my qualifications are MB, BCH, BAO, FFARCSI.

This is a report of my involvement in the care of Lucy Crawford. I looked after her in the Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children on Thursday 13th April 2000.

- Lucy Crawford was a 17 month old girl who was transferred from the Erne Hospital in the early hours of Thursday 13th April 2000 to the Paediatric Intensive Care Unit in the Royal Belfast Hospital for Sick Children. She had a history of being unwell since Tuesday, and was admitted to the Erne Hospital on the Wednesday evening with a history of poor oral intake, vomiting and an increased temperature. Her Sodium level on admission was 137mmol/L. She was given intravenous fluids in the Ward, however at approximately 0300 hours on 13th April 2000 she developed a seizure and was given rectal diazepam. Also her breathing became erratic and she stopped breathing. Her sodium level at this time was 127mmol/L. It was necessary for Lucy to intubated and ventilated. It was noted that before leaving the Erne Hospital her pupils were dilated and unreactive.

On arrival at the Children's Hospital she was mechanically ventilated and soon required drugs to maintain her blood pressure. Her sodium level after arrival was 145mmol/L. She remained completely unresponsive and I was able to change her breathing tube without the aid of any medications. I arranged for her to be seen by Dr Hanrahan, Consultant Paediatric Neurologist in the Children's Hospital. Sadly, Lucy died the following day, 14th April 2000. At this time she was under the care of my consultant colleague, Dr Chisakuta.

LC-Royal



SIGNATURE OF WITNESS: _____

STATEMENT OF WITNESS

STATEMENT OF: DONNCHA HANRAHAN CONSULTANT PAEDIATRIC NEUROLOGIST

Няма

Rank

OVER 21

AGE OF WITNESS (if over 21 enter "over 21"):

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Donna Kaurahi

SIGNATURE OF WITNESS

Re: Lucy Crawford (deceased) DOB: 05/11/98

I, Dr. Donncha Hanrahan, am registered medical practitioner and am a Consultant in Paediatric Neurology in the Royal Belfast Hospital for Sick Children. I qualified in 1985 and was appointed to my present post in 1998. I achieved a Diploma in Child Health in 1988 and became a member of the Royal College of Physicians of Ireland in 1990. I was awarded the M.D. Degree from University College, Dublin in 1997 and am a Fellow of the Royal College of Paediatrics and Child Health. Lucy Crawford, was transferred from Erne Hospital, Enniskillen to the Paediatric Intensive Care in the Royal Belfast Hospital for Sick Children on 13th April 2000.

Lucy Crawford arrived in Paediatric Intensive Care at approximately 8.30 am on 13th April. I first reviewed her approximately two hours later at 10.30. At my initial assessment, I did not have access to her Enniskillen notes. An entry in her notes relating to the ward round of that morning by Dr. Crean, stated that he was awaiting faxes of her notes and that she was to be reviewed by a Neurologist that morning. It was shortly after that that I saw her and it was subsequent to my reviewing her that Dr. Crean's typed-up entry was inserted into her notes. My impression, when I first encountered her, was that there was no sign of brain-stem function and I believe, therefore, that she was brain-dead, with an irretrievable situation when I first examined her.

The story which I got at that stage was that, on 11th April, i.e. two days before transfer, Lucy was vomiting. She was somewhat better that evening and the following day, was drinking some boiled water but vomited this. She was listless and lethargic. At 2 pm she was given Paracetamol for pyrexia but her level of consciousness was somewhat decreased. Her parents rang the Contractors and she was seen by an out-of-hours doctor, who referred her to Erne Hospital, with her arriving there at approximately 19.30. According to Dr. O'Donohoe's letter at this stage, IV placement was achieved three hours later. Her initial sodium was 137

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Form 38/36
(Plain)

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Donna Kaur

DONNCHA HANRAHAN
 STATEMENT OF: CONSULTANT PAEDIATRIC NEUROLOGIST CONTINUATION PAGE NO: _____

and her potassium was 4.1. She was given 18. (0.18% NaCL and 4% dextrose) According to her fluid balance chart, she was given 100 mls an hour of this once IV placement was achieved.

At 11 pm, she was noted to be staring somewhat with her eyes quite glazed. At approximately 3 am, she was restless with some abnormal breathing and then she went quite rigid. At that stage, she had some offensive diarrhoea and it was then noted that her pupils were fixed and dilated. She was intubated by an anaesthetist and approximately at that stage, her sodium was found to have dropped to 127. She was given what appears to have been a large bolus dose (500mls) of normal saline (0.9%).

Lucy had been previously well apart from some bronchiolitis. She had been born by Caesarean section but was well. Her vaccinations were up to date and she was taking no regular medication. She had one older sister aged sixteen and one older brother aged thirteen.

When I examined her at 10.30 am, she was cold (31 degrees) and was pale. She was completely unresponsive. Her pupils were fixed and unresponsive. I could elicit no corneal, gag or doll's eye reflex. Her fundi appeared normal with no haemorrhages or papilloedema. Her reflexes were present but dismissed.

My overall impression, assuming that her paralysis had worn off from intubation and that she had been given no sedation, was that she was showing no signs now of brain-stem function and that she was brain dead. I recommended a C.T. scan and an E.E.G.

Not having access to her fluid chart at that stage, my differential diagnosis included infection, possibly from herpes, haemorrhagic shock encephalopathy, metabolic disease, including urea cycle defect and cerebral oedema from other cause. Various investigations were all normal and subsequent events transpired to indicate that cerebral oedema, probably related to hyponatraemia, in turn related to a gastroenteritis, was the cause of death.

Her E.E.G. was isoelectric, showing no discernible cerebral function. Her C.T. scan showed obliteration of the basal cisterns, suggesting that she had coned, which means that due to raised intracranial pressure, her brain was forced down through the foramen magnum, causing pressure on her brain-stem and death.

I reviewed Lucy again that evening, at 17.45, and I felt that her prognosis was hopeless. I discussed it with her parents, who were agreeable to her not being actively resuscitated in the event of acute deterioration. I mentioned at that stage that if she succumbed that a post mortem would be desirable and that the Coroner would have to be informed.

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SIGNATURE OF STATEMENT MAKER: *Donncha Hanrahan*

DONNCHA HANRAHAN
STATEMENT OF: CONSULTANT PAEDIATRIC NEUROLOGIST CONTINUATION PAGE NO: _____

In the company of Dr. Chisakuta I performed two sets of brain-stem testing, neither of which showed any sign of life. After discussion with the transplant team, Lucy was electively extubated at 1300 on 14th April 2000 and was declared dead at 13.15.

Earlier that morning, Dr. Stewart (who was then my registrar) made a note that I contacted Dr. Curtis on behalf of the Coroner's and discussed the case. The Coroner's office advised that a Coroner's post-mortem was not required but that a hospital post-mortem would be useful to establish the cause of death and rule out other diagnoses. Her parents subsequently consented to post-mortem.

Subsequently, Lucy was shown to have been suffering from rotavirus. Her post-mortem showed cerebral oedema and bronchopneumonia. The brain was swollen and showed some signs of early necrosis. The bronchopneumonia was established and was felt to have been present for twenty-four hours at least and could have happened, therefore, at Lucy's acute worsening at approximately 3 am on 13th April.

Having discussed with the Coroner's office, I subsequently interviewed her parents on 9th June and I encouraged them to re-attend Dr. O'Donohue to clarify events in the Erne Hospital.

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062-047-112

STATEMENT OF WITNESS

STATEMENT OF: ANTHONY CHISAKUTA, REGISTERED MEDICAL PRACTITIONER
Name Rank

AGE OF WITNESS (if over 21 enter "over 21"): OVER 21

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Re: Lucy Crawford (deceased) DOB: 05/11/98

I am a registered medical practitioner and was appointed to the Royal Belfast Hospital for Sick Children (RBHSC), as a Consultant in Paediatric Anaesthesia and Intensive Care in 1997. I qualified in 1984 from the University of Zambia, Lusaka and my qualifications are BSC (Hb), MB, ChB, MSSC, FFARSCI.

This is a report of my involvement in the care of Lucy Crawford. I looked after her in the Paediatric Intensive Care Unit (PICU), RBHSC briefly on Thursday 13th April 2000 and on Friday 14th April 2000.

Lucy Crawford was a 17 month old girl who was transferred from the Erne Hospital in the early hours of Thursday 13th April 2000 to the PICU in RBHSC for further management. While in the Erne Hospital she had become unresponsive, with fixed dilated pupils and had required intubation and mechanical ventilation. A consultant colleague, who was on duty in the PICU, but busy attending to another child, had asked me to secure central venous access and an arterial line on Lucy, which I did between 0835 and 0850 hours on 13th April 2000.

On Friday 14th April 2000, I was on duty in the PICU. At 0850hrs and 1030hrs, Dr Hanrahan, Consultant Paediatric Neurologist in RBHSC, and I carried out brain stem viability tests on Lucy and sadly they were negative. As a result, brain stem death was diagnosed and following consultation with her parents, Lucy was disconnected from the mechanical ventilator at 1300hrs and by 1315hrs she had no heart beat. The Coroner's Office was contacted.

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