STATEMENT OF WITNESS

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STATEMENT OF:	DR JANICE BOTHWELL, CONSUL	TANT PAEDIATRICIAN	
	Name	Rank	
AGE OF WITNESS (if over 21 enter "over 21"):		OVER 21	
NOT SIGNED	IN POLICE OFFICER'S PRESE	CNCE	
I declare that th	is statement consisting of	nance each riane	d by ma ie true to th

TO BE COMPLETED WHEN THE STATEMENT HAS BEEN WRITTEN 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: Conor Mitchell (deceased) DOB: 12th October 1987

I am a registered Paediatric Consultant. I initially qualified from Queens University, Belfast, in July 1992 and completed my higher specialist training in paediatrics in January 2003. I was appointed to my Consultant's post in April 2003. My qualifications are MB BCH BAO MRCP (UK) MRCPCH.

Conor Mitchell was admitted to PICU in the Royal Belfast Hospital for Sick Children, under my care on the evening of 9th May 2003 at 21.25. On arrival to PICU Conor was fully ventilated and dependant on IV infusion of adrenaline to maintain his blood pressure. He had not received any muscle relaxants or sedatives.

On clinical examination his pupils were fixed and dilated. No discernable cranial nerve function was observed. Peripheral reflexes were present with some ankle clonus. He had fixed flexion deformities at the right elbow and hips.

Problems present included hypernatraemia, diabetes insipidus and brainstem dysfunction.

Full ventilatory support, inotropic support and ongoing fluid management continued. Conor was given IV antibiotic/antiviral medication to cover bacterial/viral infections and DDAVP to help in the management of the diabetes insipidus. A copy of the brain CT scan from Craigavon was obtained and a further CT scan of brain taken in RBHSC and reported by Doctor I. Rennie, Neuroradiology after comparison with a scan taken in Craigavon.

Doctor Hicks, Consultant Neurologist, was consulted and the opinion was that it was very unlikely that Conor would recover from this illness as the clinical signs were of severe and likely irreversible brain damage.

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SIGNATURE OF WITNESS:

STATEMENT CONTINUATION PAGE

STATEMENT OF: ______ DR JANICE BOTHWELL, CONSULTANT PAEDIATRICIAN CONTINUATION PAGE NO: _____

Conor's brainstem dysfunction remained unchanged from 9th May 2003 to the 12th May 2003. His physical condition deteriorated in that he was unable to maintain his temperature, blood pressure, respiration and fluid balance without increasing medical support. After long discussions with Conor's family, the decision to withdraw treatment was made. Treatment was withdrawn at 15.15 on 12th May 2003. Life was pronounced extinct at 15.45 on 12th May 2003.

In view of the lack of diagnosis as to why Conor had developed brainstem dysfunction secondary to a probable hypoxic ischaemic event and family concerns over his care in another hospital, the Coroner's Office was contacted by myself.

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