

# STATEMENT OF WITNESS

STATEMENT OF: MARGARET JANE MATHEWSON

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): 11.12.62

*To be completed  
when the statement  
has been written*

I declare that this statement consisting of 3 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 6 day of APRIL 2006

**William R Cross**

**Margaret Mathewson**

*SIGNATURE OF MEMBER by whom  
statement was recorded or received*

**SIGNATURE OF WITNESS**

**WILLIAM R CROSS, D/SGT**

PRINT NAME IN CAPS

In November 1995 I was employed as a nurse at the Royal Belfast Hospital for Sick Children. My qualifications were RSCN (Registered Sick Children's Nurse) and I had experience after qualifying in 1986 in RBHSC, then 1987 to 1989 in Great Ormond Street Hospital. In 1989 I returned to RBHSC and remained there until I left nursing about November 1996. In November 1995 I was attached to theatres and my duties ranged from being anaesthetic nurse, to scrub nurse to being runner and also working in recovery. I can say from my experience that in an operation such as a renal transplant on a child, as well as the surgeons and anaesthetists I would have expected a scrub nurse, a runner and a theatre technician with probably an anaesthetic nurse as well. D/Sergeant Cross has told me the nature of his investigation and I can say I have no specific memory of an operation involving a child named Adam Strain. I have looked at the medical records for Adam Strain and examined a page entitled Blood Loss, with number 21 in the top right corner. This confirms to me that my duty on 27.11.95 was runner in theatre during an operation

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on Adam Strain. From this sheet I can state the writing in the left column from "total blood loss" to "911 approx" is my writing. This column was used by me to calculate the total blood loss by adding the total of 411 in the right hand column to 500 mls approximately in the suction bottle. I can also confirm on this sheet in the centre column my writing commences at the figure 20.1 and this column records the blood accumulated in an individual swab. In the right column I can confirm that my writing commences at 160.7 and this column records a running total of all blood loss in the swabs. I am unable to say who recorded the earlier figures in the centre and right columns. On the opposite side of this sheet, marked 20 in the top right column, I can confirm that my writing starts at the post-operative counts for needles at the figure 27 and continues to 39. This is record of each needle that was used. I have recorded that one drain was used and also that a feeding tube and a malecot catheter were used. On the right hand side at the bottom I have listed (1) –(4) and signed my name against each number. This is to confirm that at the end of each of four stages to closing up at the end of the operation I was satisfied that all equipment used had been accounted for. I have signed this form as the runner. It is the duty of the scrub nurse to be in charge of everything on the trolleys and she is technically sterile. It is the duty of the runner to provide any additional equipment requested. I can find no other record made by myself in these notes. I can say that I recall an operation in which the child failed to revive at the conclusion but I cannot recall the name, or gender of the child and I cannot recall the nature of the operation but believe it was major surgery. I cannot recall any of the theatre staff involved in that operation. I cannot recall any discussion afterwards relating to a death of a child named Adam Strain and cannot say with any certainty that the child I recall as failing

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to revive was in fact Adam Strain, but I do recall that the failure to revive occurred at lunchtime and the child was moved to Intensive Care Unit. I can also confirm in response to a question from D/Sergeant Cross that in my experience as an anaesthetic nurse in theatre that the nurse had no responsibility in determining a fluid regime, nor did the nurse have any part in controlling the rate or volume of fluids given, that is left in theatre to the anaesthetists. The nurse may set up the drip stand, with the technician, but the actual administering of the fluid was not done by the anaesthetic nurse.

Certified to be a true copy of an original signed document.

# BLOOD LOSS

THEATRE .....

Date .....

27.11.95

1 gramme of blood = 1 cc approx

Weight of Dry Swab =

5 grms

Abdominal Swab 12 ply =

42 grms

6 ply =

72 grms

of Swab and Blood

Blood Loss

Accumulative Total

Total Blood loss

shock  
note = approx seconds

+ 111.1

Total = 911

approx

17.6

10.5

6.6

6.1

5.4

67.0

9.3

13.1

15.1

20.1

17.0

15.1

37.8

31.3

21.2

28.1

30.6

45.1

37.9

6.0

17.9

10.1

13.1

12.4

17.6

10.5

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