

# STATEMENT OF WITNESS

TO BE COMPLETED  
WHEN THE  
STATEMENT HAS  
BEEN WRITTEN

STATEMENT OF: TERENCE MONTAGUE  
Name Rank

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

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 30 day of Nov

Michael Cross

SIGNATURE OF MEMBER by whom  
statement was recorded or received

Terence Montague  
20 07

SIGNATURE OF WITNESS

Michael R. Cross

PRINT NAME IN CAPS

I am a Consultant Paediatric Anaesthetist in Den Lodge's Children's Hospital in Dublin. In 1995 I was a Senior Registrar in Anaesthesia and in November 1995 I was in my first month of training in the Royal Belfast Hospital for Sick Children. I had five years experience of anaesthesia training prior to commencing paediatric anaesthesia. I remember the operation involving Adam Strain in November 1995. I recall that I was on-call and was phoned during the night to be informed that multiple attempts to insert an IV line in Adam had failed. I consulted Dr Taylor and he advised me to advise the ward to make no further attempts as the child was very upset. I could hear Adam crying on the phone. Dr Taylor was content that he would deal with this in the morning. I also recall Adam being very upset when he arrived at theatre.

Terence Montague

SIGNATURE OF WITNESS

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But Dr Taylor succeeded very well in calming Adam. I recall also that I was not present for the whole of the operation. It was practice that I would be on leave the day after a night's on-call. As Adam's operation was started early I was present at the start but Dr Taylor sent me home. I cannot recall the time at which I left but can state that surgery had just commenced. I also recall being told the next day that Adam was going to die. My role was to assist Dr Taylor in starting the case. I recall putting in the epidural. Dr Taylor put in the CV lines. I cannot recall who put in the breathing tube. I recall that Dr Brown and Dr Keane were the surgeons. I knew them well from working in Belfast but can recall nothing specific about the surgery. I cannot recall seeing the kidney which was being transplanted and am unable to make any comment regarding its suitability. I do not recall any difficulty with the operation of the anaesthetic equipment during my period in the theatre while Adam was being operated on. I can recall Dr Taylor telling me the following day that the equipment was to be tested. I do not remember having any role in the

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planning of fluid administration. I remember that Adam had polyuric renal failure and that would complicate fluid management. It is my recollection that he received 180 ml/hr fluid to cope with his polyuric renal failure at night. I have consulted Adam's notes and I find nothing there that indicates I made any calculations regarding fluids. I have no recollection of discussing fluid management with Dr Taylor. In a case like this Dr Taylor would have made the final decision on all such matters. I had no role in administering fluids during the operation - I believe at that stage I had left. I do not recall any discussion or decision to administer excess fluids to what had been planned. I have no recollection from that electrolytes were not measured before or at the start of the operation. I can understand that the difficulty in achieving an IV line during the night meant that electrolytes were not measured. That would be a decision for the anaesthetist or the nephrologist. I do not recall being made aware of the low sodium level at 0930 hrs approximately. I believe I had gone home by then. I believe if I had been present when the low sodium level was discovered I

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William R. Cross STATEMENT PAGE NO: 4

would have remembered it. I have no recollection of high CVP levels being recognized or discussed as a problem during the time I was present during the operation. I had not had access to the notes prior to making this statement but I repeat that my recollections of Adams are almost all of the period before the operation commenced.

Terence Montague

## STATEMENT OF WITNESS

STATEMENT OF:

Terence Montague

Name

Rank

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

*To be completed  
when the statement  
has been written*

I declare that this statement consisting of 2 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 30 day of Nov 2007

William R Cross

SIGNATURE OF MEMBER by whom  
statement was recorded or received

WILLIAM R CROSS

PRINT NAME IN CAPS

Terence Montague

SIGNATURE OF WITNESS

I am a Consultant Paediatric Anaesthetist in Our Lady's Childrens Hospital in Dublin. In 1995 I was a Senior Registrar in Anaesthesia and in November 1995 I was in my first month of training in the Royal Belfast Hospital for Sick Children. I had five years experience of anaesthesia training prior to commencing paediatric anaesthesia. I remember the operation involving Adam Strain in November 1995. I recall that I was on-call and was phoned during the night to be informed that multiple attempts to insert an IV line in Adam had failed. I consulted Dr Taylor and he advised me to advise the ward to make no further attempts as the child was very upset. I could hear Adam crying on the phone. Dr Taylor was content that he would deal with this in the morning. I also recall Adam being very upset when he arrived at theatre but Dr Taylor succeeded very well in calming Adam. I recall also that I was not present for the whole of the operation. It was practice that I would be on leave the day after a night's on-call. As Adam's operation was started early I was present at the start but Dr Taylor sent me home. I cannot recall the time at which I left but can state that surgery had just commenced. I also recall being told the next day that Adam was going to die. My role was to assist Dr Taylor in starting the case. I recall putting in the epidural. Dr Taylor put in the CV lines. I cannot recall who put in the breathing tube. I recall that Dr

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Brown and Dr Keane were the surgeons. I knew them well from working in Belfast but can recall nothing specific about the surgery. I cannot recall seeing the kidney which was being transplanted and am unable to make any comment regarding its suitability. I do not recall any difficulty with the operation of the anaesthetic equipment during my period in the theatre while Adam was being operated on. I can recall Dr Taylor telling me the following day that the equipment was to be tested. I do not remember having any role in the planning of fluid administration. I remember that Adam had polyuric renal failure and that would complicate fluid management. It is my recollection that he received 180 ml/hr fluid to cope with his polyuric renal failure at night. I have consulted Adam's notes and I find nothing there that indicates I made any calculations regarding fluids. I have no recollection of discussing fluid management with Dr Taylor. In a case like this Dr Taylor would have made the final decision on all such matters. I had no role in administering fluids during the operation. I believe at that stage I had left. I do not recall any discussion or decision to administer excess fluids to what had been planned. I have no recollection that electrolytes were not measured before or at the start of the operation. I can understand that the difficulty in achieving an IV line during the night meant that electrolytes were not measured. That would be a decision for the anaesthetist or the nephrologist. I do not recall being made aware of the low sodium level at 0930 hrs approximately. I believe I had gone home by then. I believe if I had been present when the low sodium level was discovered I would have remembered it. I have no recollection of high CVP levels being recognised or discussed as a problem during the time I was present during the operation. I have had access to the notes prior to making this statement but I repeat that my recollections of Adam are almost all of the period before the operation commenced.

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