

STATEMENT OF WITNESS

STATEMENT OF:

DR APARNA DATE

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 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 30

day of

MARCH

2006

William R Cross

A Date

SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

WILLIAM R CROSS, D/SERGEANT

PRINT NAME IN CAPS

On 9th June 2001 I was a Specialist Registrar in Anaesthetics at Altnagelvin Area Hospital with the following qualifications, MBBS (Bombay), MD (Anaesthesia Bombay), Primary FFARCSI. At about 4.15-4.30 am on that date I was called urgently via my bleeper to the Children's Ward. I was in the labour ward at the time, which is two floors below the Children's Ward (Ward 6). I reached the ward within 5 minutes. Raychel Ferguson was being treated in the treatment room of Ward 6. She was not breathing, was blue, but had a pulse. She was being given artificial ventilation using a bag and mask. I took over the care of Raychel's airway and breathing from the paediatrician. I gave her a few artificial breaths using bag and mask. I immediately placed an endotracheal tube into her trachea as I noticed that the child was beginning to vomit or regurgitate her stomach contents. I suctioned the endotracheal tube and got copious dirty secretions out. I continued the artificial ventilation using 100% O₂. Her colour improved with this and the pulse oximeter showed the oxygen saturation to be above 90%. I also placed an orogastric tube

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via her mouth into the stomach. I was told the history that Raychel had undergone appendicectomy under a general anaesthetic on the night of 7th June 2001. She had been vomiting the next day. She developed seizures some time prior to the respiratory arrest which had been treated with Diazepam. Blood investigations and CT scan were being organised by the Paediatricians. I phoned Doctor Nesbitt (Consultant Anaesthetist) and requested him to come over to the hospital. While we were awaiting transfer to the scanner, myself and Dr Allen (Anaesthetics SHO) continued the artificial ventilation using a portable ventilator. As I was called away to the A&E Department the care of this child during the transfer to and from the CT scanner. After the CT scan, Raychel was admitted to the Intensive Care Unit (ICU) where her management included the following: artificial ventilation using a Serro 300 ventilator; intravenous fluids and antibiotics as per the advice of Consultant Paediatrician and Consultant Anaesthetist. The aim was to show correction of Raychel's hyponatraemia. IV fluids given were: (1000 ml normal saline and 40 cc KCL) at the rate of 40 ml per hour. The child was to be transferred to the Sick Children's Hospital in Belfast as soon as a bed became available. In ICU Raychel was ventilated with 50% oxygen. Her oxygen saturation was 100%, heart rate was 93 beats per minute, blood pressure was 105/62 mmHg. Her chest was clear and heart sounds were normal. I handed over the care to the next Registrar at 9.00 am that morning. When I stated earlier that I took over control of Raychel's airway and breathing from the Paediatrician, I cannot recall who that Paediatrician was, and I did not know them, but believe it was a female. I can state that before I arrived with Raychel at about 4.15-4.30 am I had no involvement of any nature in her care or treatment after her operation. I had no role in her operation or in any prescription or

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administering of fluids afterwards. During the time that I was with Raychel my focus was on dealing with the ventilatory management of Raychel. I was aware that the blood tests indicated hyponatraemia but any decisions to be taken in respect of that were predominantly the responsibility of the paediatricians. That day was actually my last duty in Altnagelvin as I moved to work elsewhere. I therefore was not involved in any later discussions about Raychel.

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

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