

STATEMENT OF WITNESS**STATEMENT OF:** NARESH KUMAR BHALLA

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 21 day of May 2006

William R Cross**N Bhalla****SIGNATURE OF MEMBER** by whom
statement was recorded or received**SIGNATURE OF WITNESS**

PRINT NAME IN CAPS

I am a Medical Practitioner with the following qualifications: MBBS, MS, FRCSI, FRCS (Glasgow). I am currently employed as a Staff Grade member of the Surgical Team at Macclesfield District General Hospital. In June 2001 I was a Specialist Registrar in General Surgery at Altnagelvin Area Hospital. On 9th June 2001 I was on night call. At around 5.00 am I got a phone call from Ward VI as Raychel Ferguson was very sick, had developed a rash and had a seizure. I immediately rushed to the ward to see her. On my arrival I found that full active resuscitative measures were being performed by an Anaesthetist and Paediatrician. The patient had been given anti-seizure drugs, intravenous fluids and artificial respiration by endotracheal intubation. From my colleagues and from patient's case notes I found the following points:

1. Raychel had undergone emergency appendicectomy around 11.30 pm on 7.6.01.
2. During operation appendix was found to be mildly congested, contained faecolith and there was reactionary clear fluid in the peritoneum.
3. She had been prescribed post-op flagyl.
4. She did not have history of any significant medical disease in the past nor had she any known allergies to any medicine.

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5. She had received 1680 mls of Solution 18 from 8.00 am on 8.6.01 to 4.00 am on 9.6.01 and had vomited 5-6 times post-operatively.
6. She had been fairly stable till 3.00 am when suddenly she vomited, had seizure and became very sick.

On examination I found her to be unconscious with both pupils dilated and fixed. She had petechiae (multiple small reddish rash) over upper half of trunk. Her abdomen was soft and mildly distended. Blood investigations done in early hours of 9.6.01 showed serum Na = 118, Mg = 0.59, WCC = 17.0, Neutrophils = 15.0, blood gases suggested metabolic acidosis, rest of the blood results were normal. I asked for immediate nasogastric tube insertion in order to reduce gastric distension and avoid further vomiting and its complications. I got her catheterised in order to closely monitor her hydration and urinary electrolytes. I also got her blood chemistry repeated to know progress of resuscitation and to reconfirm her metabolic abnormalities. I also got urgent CT scan of brain to find out any neurological cause of her seizure. This scan was suggestive of sub-arachnoid haemorrhage, raised intracranial tension but no focal abnormality. After consultation with Neurosurgeons at RVH, Belfast by 8.00 am an enhanced CT scan of brain was done to rule out empyema (collection of pus) in cranium. She was transferred to ICU and full resuscitative measures were carried out during whole period. At 8.30 am Mr Date member of caring team arrived and after giving him full information about Raychel Ferguson and assuring myself that he will be carrying out further management of the patient I left the ward. It has been a very unfortunate incident and I express my full sympathies with Raychel's parents and near relatives. May her soul rest in peace. In response to questions from D/Sgt Cross I can say the following. I cannot recall the identity of the anaesthetist and paediatrician who were with Raychel when I arrived on the ward. I was called to the ward because Raychel was a surgical patient and it would have been appropriate for the Surgical House Officer to call me, or indeed for the paediatrician to call me, since I was the Surgical Specialist Registrar. Having read Raychel's notes, studied her blood results, the reports of

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the scans, the autopsy reports and neurosurgery opinion, and my examination of her I formed the opinion that hyponatraemia was the most likely cause of Raychel's seizure leading to death. I was satisfied at the time that there was no obvious surgical cause for Raychel's decline. As Surgical Specialist Registrar that was specifically my role: to check for surgical complications. (Hyponatraemia means low sodium in blood).

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