STATEMENT OF WITNESS

STATEMENT OF:		PETER CREAN	REGISŢ	ERED MEDICAL PRACTITIONER
	Name	OVER	21 Rank	
AGE OF WITNESS (if over NOT SIGNED IN POLICE (*		
I declare that this state best of my knowledg preliminary enquiry o stated in it anything w	e and belief r at the trial	and I make it kroof any person, I	nowing the shall be I	s, each signed by me is true to the at, if it is tendered in evidence at a lable to prosecution if I have wilfully to be true.
Dated this	da	y of		. Den
SIGNATURE O statement was i			SIGN	ATURE OF WITNESS
Re: Rachel	Ferguson	(deceased) D(DB: 04/	02/92
I am a registered Medical Consultant in paediatric anaesthesia and intensive care. I qualified from Queen's University, Belfast in 1976 and my qualifications are MB BCH FFARCSI. Rachel Ferguson was admitted to the Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children on 9th June 2001 at 1350 hours. She was transferred from Altnagelvin Area Hospital because she developed seizures and lost consciousness some hours following an appendicectomy. At the time of these events in Altnagelvin, she was intubated and ventilated and transferred to the Intensive Care Unit. A CT scan of her brain revealed cerebral oedema (brain swelling). On arrival at the Children's Hospital she was intubated and fully ventilated. She had no purposeful spontaneous movement and her pupils were dilated and unreactive to light. She had evidence of diabetes insipidus, which was causing a high urine output and she was treated for this. Her serum sodium level on admission was 130 mmol/l.				
hours and 10 Dr Hanrahan.	th June at 0 Both tests	vere performed 945 hours by s confirming by discontinued a	myself a rain ster	nd n death.
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Form 38/36

(Plain)

TO BE COMPLETED

WHEN THE

STATEMENT HAS

BEEN WRITTEN

SIGNATURE OF WITNESS: ..