[redacted]

remain in theatre, and again that prescription of fluids was left to the paediatrician on the ward, though it could also be dealt with by the senior house officer. It was put to her that Dr. Gund said this was for the Doctor on the ward. Dr. Jamison felt it was for the discretion of the team dealing with the patient, but in any event she was not part of that team.

Mr. Foster asked about the change of an entry on page 16 of the records. The Doctor explained that this was a corrective note she had been asked to make by a senior colleague Dr. Nesbitt. She stated she had not been asked to do this before.

Mr. McAlinden questioned the Doctor whether she was clear about an entry on the 13th (which I take to be about the amount of Hartman's solution, but cannot be sure, not having a copy of the records). She confirmed that the solution was contained in a one-litre bag marked at 100ml intervals. Dr. Jamison described the use of naso-gastric tubing as very uncommon unless problems were expected afterwards. Mr. Leckey enquired that in view of what had occurred in Raychel's case whether that practice should be reviewed. Dr. Jamison was of the view that it would not be unusual in cases of major bowel surgery.

Dr. Makar had been envisioned by the Coroner as the next witness, but his attendance had not been secured by Altnagelvin Trust. The Coroner's Office hasd received no reply from him either. It appeared he was in England. There was some discussion as to what steps were taken, as it seemed he had not replied to either a witness summons or letter requesting his attendance. While this was checked it was agreed that Dr. Trainor could be taken next instead. It later transpired that the Doctor was on two weeks leave.

<u>Evidence of Dr. Bernie Trainor</u>

The Doctor read her deposition. Under questioning from the Coroner, she confirmed that Dr. McCord was her Consultant, and that her first contact with Raychel was at the request of Dr. Johnston. She outlined that the surgical team would be expected to generally look after their own surgical patients, she being responsible for medical patients. The Doctor was said she was unsure whether Dr. McCord was involved with the surgical team, but that the JHO was on the surgical team. She described that the

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JHO noticed the low sodium level of 118, and her reaction was to get him to check the sample was not taken from the arm in which the drip was in, and to urgently send it to the lab- in cases of abnormal results the tests should be rechecked. Dr. Trainor agreed that 'alarm bells' started to ring (figuratively) when the result of 118 appeared, and that the patient looked unwell. She explained that hyponatraemia was one of several possible causes to check occurring to her at that stage. She remained present when Dr. McCord arrived. When asked about the frequency of hyponatraemia in children the Doctor described it as occurring sometimes, not usually as low as 118, and she was not aware of a patient having died from it. Asked about the other possibilities the witness described meningitis as a cause for concern as Raychel had a rash, necessitating antibiotics. She agreed that the particular rash was caused by vomiting, but she was unaware of this at the time.

For the parents Mr. Foster suggested the rash was caused by vomiting, of a severe or continuous nature, the Doctor said it could be by a few incidents of vomiting and agreed she described seven being recorded. It was suggested that she might have connected the vomiting with the condition, Dr. Trainor replied that one must repeat 'funny' test results, but agreed that hyponatraemia was a concern, and the lab results were returned quickly. She described results of 118/119 as very low. She disagreed that Dr. Gund prescribed fluids for paediatric patients, and said that surgical patients were the responsibility of the surgical team, she being a paediatric SHO would sometimes be asked to assist with surgical patients, or write up fluids etc. As she dealt with medical patients she did not know Doctors Zafar and Makar personally, but did know who they were. Again, the re-testing of unusual results was reiterated, for instance to rule out the possibility of the sample coming from the 'drip' arm.
She described the demeanour of Raychel as looking very unwell, and that within five or ten minutes of seeing her she called for Dr. McCord, took advice from him and discussed saturations. Dr. Trainor spoke of the patient's breathing stopping as being extremely worrying, and she prescribed electrolytes as soon as she recognised the problem, the solutions being close to hand. She confirmed that the notes her written up by her around 6.30 am while Raychel was undergoing a CT scan, then she accompanied her to adult ICU, after which she had no further involvement. When asked whether Dr. Johnston had suggested a tonic clonic seizure to her, she replied

that Dr. Johnston had only asked her to look at Raychel which she duly did, and she added that Mr. Ferguson had left the room before his daughter became unwell.

Mr. McAllinden then took over questioning the Doctor. She described being in the neo-natal ward when first contacted, and gave her work over to Dr. Johnston to continue. She went immediately to ward six, and immediately noticed the blood test results, and called for a repeat. She confirmed that the entries were made on page 43 of the records at the noted times, that she phoned for Dr. McCord, and Raychel was transferred to the treatment room, as there were the proper facilities, lots of space and no parents present. Dr. Trainor described de-saturation as having occurred after movement to the treatment room. When Raychel stopped breathing manual ventilation was started. The anaesthetist was called for and arrived quickly. Dr. Date then intubated the patient. She agreed that she had administered magnesium at 5.20 am and signed the drug sheet (page 34 of records), and two antibiotics were given (seemingly by Dr. Date, she thought) but were not signed for, but this certainly occurred before the CT scan at 5.30 am. She explained she thought it better this be filled in than not, and estimated they were administered at about 5.00 am. She said that the antibiotics, magnesium and saline were all given before the CT scan. Antibiotics were administered by Dr. Johnston.

There was then a discussion about Dr. Zafar, who had been excused from attendance as he was sitting exams. It was discovered by this time that Dr. Makar was on leave and out of contact. Dr. McCord was therefore taken next.

Evidence of Dr. Brian McCord

Again Dr. McCord read his deposition and asked the following amendments be recorded.

- At line 4-"At approximately 03.45 a.m." changed to read "in the early hours of the morning". The Doctor was unsure of the exact time.