[redacted]

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.

<u>Evidence of Dr. Brian McCord</u>

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.

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- At line 4- "registrar" changed to read "senior SHO". Apparently, Dr. Trainor was a SHO fulfilling the functions of a registrar.

Dr. McCord confirmed to Mr. Leckey that as a Consultant paediatrician he was not involved before the surgery, and that neither he, Dr. Trainor nor Dr. Jamison was aware of Raychel before the episode of seizure. He described his team as a back up, to provide advice and nursing rather than medical assistance, and that the vast majority of patients did not need such assistance. He said he did not disagree with the evidence of Doctors Jenkins and Sumner, commending it as clear, though he thought the naso-gastric tube was not normally necessary. When asked what would happen if Raychel were admitted to hospital today, he said he would not be directly involved but would be optimistic that the types and volumes of fluids are now administered with more clarity. As to the petechical rash the Doctor was of the opinion that it could have a number of causes: anything that would raise inter-cranial pressure (I have noted *cranial* but am not sure whether this is right on reflection, the Doctor may have used a similar term I am not familiar with), for instance a cough or a tonic seizure. In this case the rash was noted after the seizure and this made identifying the predominant cause difficult. He agreed that he had diagnosed hyponatraemia, but was only sure of this when the CT scan came back confirming it.

When asked to assess how low a sodium level of 118 was Dr. McCourt described it as very low, though he had seen another child fall below this and survive. In Raychel's particular circumstances 118 was extremely low and worrying. He commented that in cases where symptoms actually develop it is a much more sinister and concerning situation. He confirmed that had Raychel survived she would have suffered serious brain damage.

Mr. Leckey enquired as to how to make other professionals aware of the dangers that had arisen in this case. Dr. McCord said he agreed with the ideas of Doctors Jenkins and Sumner, and could add little beyond informing members of staff and canvassing other hospitals.

Mr Foster began by inviting the Doctor to reconsider his description of 'some vomiting' in paragraph two of his deposition. He declined saying it was a fair reflection of his perception at the time. He agreed it was concerning, now that he had the full picture in retrospect, but said he relied on those below him including the

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nurses to bring it to his attention, he had no access to medical notes. He concurred that 'some vomiting' was not appropriate, but only in hindsight. On the telephone with Dr. Trainor he could not recall whether they discussed the low sodium reading, but said if told about it he would have directed checking it. He said the symptoms could have been caused by meningitis as this was frequently encountered, and it was in his mind with hyponatraemia, both conditions could be concurrent. He said that because of this antibiotics were administered at the time as they carry few side effects. As to the low sodium levels Dr. McCord said the picture evolved quickly, but became more obvious later on, and the standard treatment was to give reducing amounts of saline. Raychel's situation was not deemed hopeless at the time, only becoming clearly so when she reached Belfast, according to the Doctor, though he had no involvement at that stage, and Altnagelvin lacks an ICU for children. Again, he confirmed that the surgical teams look after surgical patients, but his team would assist if necessary. He said all Doctors prescribing fluids should be aware of the consequences of same. He was asked of his team's knowledge of hyponatraemia, and replied that all would be aware as there are diverse causes, though the relationship of this condition, ADH and surgery was unknown to him, his expertise being in medical patients.

Mr. McAllinden confirmed with Dr. McCord that it had taken him about five to ten minutes to travel the two miles to the hospital, arriving at about 4.45 am, just before intubation took place, Dr. Date being already there. He confirmed also that fluid correction efforts began in ward six, prior to the CT scan. The Doctor had been suspicious of a brain haemorrhage and had the scan sent through to the neurological ward in Belfast. In the Royal sodium levels had climbed to 130. He described requesting an enhanced scan but was unsure of the time. Such a haemorrhage was ruled out by the scan, but what he described as the 'fog of war' meant this took some time. He commented that low sodium could be caused by other factors such as meningitis, infection etc., all of which had to be ruled out first.

Evidence of Dr. G A Nesbitt

Dr. Nesbitt read his deposition aloud. He described himself as a Consultant anaesthetist with an interest in paediatrics. He told how he had arrived after Dr. McCord at around 5.30 am, having not been involved with Raychel previously he