

CORONERS ACT (NORTHERN IRELAND) 1959

Deposition of Witness taken on TUESDAY the 5th day of FEBRUARY 2003, at inquest touching the death of RAYCHEL FERGUSON, before me MR J L LECKEY Coroner for the District of GREATER BELFAST as follows to wit:-

The Deposition of DR EDWARD SUMNER MA, BM, BCh, FRCA, CONSULTANT PAEDIATRIC ANAESTHETIST of [REDACTED] [REDACTED] who being sworn upon his oath, saith

My name is Edward Sumner and I am a consultant in Paediatric Anaesthesia with an interest in Intensive Care. On the instructions of H.M. Coroner for Greater Belfast, Mr J L Leckey, I prepared a report based the medical and nursing records of the late Raychel Ferguson.

I now produce a copy of my report marked C 1

TAKEN before me this 5th day of FEBRUARY 2003

Coroner for the District of Greater Belfast

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on _____ the _____
of _____ 20 _____, at inquest touching the death
_____ before me

Coroner for the District of _____

as follows to wit:—

The Deposition of DR. EDWARD SUMNER

of _____

who being sworn upon his oath, saith

(Address)

Sepsis such as a septicæ have a high mortality — 50%. Survival may be accompanied with brain damage. The condition is capable of being treated successfully if a correct early diagnosis is made. I am very impressed by the ~~efficiency~~ of the working party and the guidance issued.

Mr. McAuliffe: The journal I edit, which is specialist, is available via Medline on the internet. An article was written about the first request by Professor Arieff — a world expert. I have read the report of Dr Fulker of Altnagelvin and I note the contents. The trust referred the problem to the Chief Medical Officer and that led to the new guidelines. Fluid management is a Cinderella area but the potential for hyponatraemia and how to manage it should be widely known. I do not disagree with hypotonic fluids being given to children provided losses are replaced. My calculations show that Rachel was given 3.5 ml per kilo between 2 a.m. and 4 a.m. the following morning. It was less than

P.T.O.

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the 4 ml I refer to in my report at Para 3 page 4, I accept that the paediatric SHO was called at 4.15 a.m., not 6.30 a.m. I accept that the note was written by Dr. Dake at 8.30 a.m., referring to a 4.30 a.m. event. Coffee ground vomiting indicates bleeding. I am satisfied that the vomiting was prolonged. The grossly abnormal electrolyte results indicate prolonged vomiting. The vomiting & ADH jointly caused the electrolyte results. The use of a nasogastric tube is a routine procedure in many post-operative cases. It is not unusual. I would have placed it either pre-operatively or intra-operatively when the child is asleep. I use a nasogastric tube in any child whose abdomen is opened. I agree we may not understand the minutiae of hyponatraemia. It is something taught to medical students. Mr. Brangan: Raychel's case differs from the 1996 as Raychel is post-operative. The same mechanism occurred in both cases. With Raychel there was no cerebral perfusion. Mr. Forker: As far as the pre-operative serum sodium level in Raychel's case there was no cause for concern. The level was normal. Most regard below 128 mmol constitutes hyponatraemia. If it fell in the area between 128 & 135 you would wonder why Raychel was vomiting from 8 a.m. and this should have been considered about

TAKEN before me this

5th day of February 2003,

M. L. Lecky

Coroner for the District of Greater
Belfast

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CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on the day of 20, at inquest touching the death of , before me

Coroner for the District of

as follows to wit:—

The Deposition of DR. EDWARD SUMNER

of

(Address)

who being sworn upon his

oath, saith

Lunchtime, I think there should be a routine assessment of electrolyte balance. Child who has had their abdomen opened orally taken fluids should be monitored. Output is important in order to determine fluid balance. In Raychel's case there is no record of urine output. I think this was strange. An assessment of volume of urine and vomit would have been important if Raychel had been given saline to counter the vomiting she would have survived — in addition to the maintenance solution. I think the maintenance solution was a little bit high. When Raychel fitted at 3.10 p.m. on the 9th the situation was grave — almost certainly brain damage. As a medical student in the 1960s I was taught about hyponatraemia and post-operative management. The need to monitor is not a technology. In hyponatraemia there is water retention and a dilutional aspect. The history of vomiting should have alerted a doctor to a potential problem. I would have expected paediatricians to have checked on Raychel throughout the day. My normal

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responsibilities may not be the same in every hospital. The fact that Raychel became listless on the 8th after being brought and alert should have been a cause for reflection. Coffee grounds are like coffee grounds - dark brown and granular. Bile is yellow. The antiemetic was given at 6 p.m. and ^{Raychel} was sick again at 9 p.m. was a further cause for concern. On page 23 of the medical notes there is a note of rectal haemorrhage.

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TAKEN before me this 5th day of February 2003,

h. h. Key

Coroner for the District of

Greater
Dublin

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