[redacted]

Mr. Foster began by suggesting that the action plan suggested daily U&E to be carried out (point 2). The Doctor agreed that Raychel would now fall into this category, but stated again volumes of vomit were difficult to accurately assess. He agreed that all the methodology was simple, and that though there was previously a system in place to record vomit and urine output, the '+' system, but it was somewhat subjective in nature, though the fact of vomiting was also important to record. He reminded Mr. Foster that point 6 in the action plan referred to IV fluids, and not to fluid output/input.
Finally, the Doctor agreed that point 4 information could be recorded in the form previously in use, but that form was not fully complete.

Mr. McAllinden had no questions.

At 3.30 pm the inquest was adjourned until 10.15 am the next day. Only Dr. Johnston would give evidence as Mr. Foster was in difficulty in attending for the whole day.

~~7th February 2003, 10.15am-11.00am~~

Evidence of Dr. Jeremey Johnston

Dr. Johnston read his deposition and made one amendment-

- At page 1, paragraph 1 'I am currently a Senior….' changed to read 'I was a Senior…….'
- At page 3, paragraph 1 '04.55' changed to read '04.40'
- At page 3, paragraph 2 'Mr. El-Shafie' changed to read 'Mr. Bhalla'

To the Coroner he explained that afebrile meant she had no temperature, and that the 12 lead ECG was conducted to rule out evidence of the episode having a cardiac cause. Dr. Johnston outlined that he had thought the problem might be one of

[redacted]

not be sure of who it was that prescribed Valoid at 10.15 (again it is not clear whether this is am or pm), as he did not recognise the signature, it was not Dr. Zafar. He rejected the idea that it should have been Dr. Zafar saying any Doctor on duty could prescribe it, and that it was not necessary for a JHO to specifically inform the SHO of this, nor would the SHO necessarily repeat an earlier call later on. Mr. Gilliland said the decision to allow a patient home would be made on a routine ward round, if a patient was not fit they would later be reassessed. Had Raychel recovered on the 9th of June she would have been allowed home.

Mr. Gilliland was asked whether the chart would have suggested a risk of sodium deficiency, in reply he said this risk of hyponatraemia is not widely known and he was not aware of it until after Raychel's death. Like Dr. Nesbitt he agreed that the literature was freely available on the subject, but was adamant that it was an impossible task to review all the journals to become informed of it, though he did recognise that vomiting lead to depleted sodium levels, but added most surgeons were unaware of the risk of hyponatraemia.

Mr. McAllinden had no questions.

Evidence of Dr. Raymond Fulton

Dr. Fulton, as all other before him, read out his deposition. He asked that the following amendments be made-

- At page 2, paragraph 2 '22/07/01' changed to read '22/06/01'
- At page 2, paragraph 5 '06/07/01' changed to read '26/07/01'

There was initially some discussion between the witness and the Coroner about how the medical profession can be made aware of the risk of such rare conditions, through the CMO etc. and of informing other jurisdictions e.g. England, the Republic etc. It is not included in detail here, as Dr. Fulton was only involved in the investigation and not the treatment of Raychel. I have enclosed the Doctor's deposition, as it may not have previously been made available.