Directorate of Legal Services

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To Graham.

Of Coroner's Office.

Fax No [redacted]

From Claire Cor

Date 23-1-03

Direct Line / Ext [redacted]

URGENT ☐

For Information ☐

Please Phone ☐

Please Reply ☐

No of Pages (inc cover sheet) 4

Message Re: Rachel Ferguson (dec'd) - further copy Statement as requested. Original will follow by post.

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Our Ref: INQ T50/9/15 Date: 23 December 2002

John L Leckey LLM
HM Coroner
Coroner's Office
Courthouse
Old Town Hall Building
80 Victoria Street
BELFAST
BT1 3GL

Dear Sir

RACHEL FERGUSON (DECEASED)
INQUEST HEARING COMMENCING ON WEDNESDAY 5 FEBRUARY 2003

I refer to earlier correspondence and now enclose herewith Statement prepared by Staff Nurse Sandra Gilchrist.

Yours faithfully

DS

D SCOTT
Assistant Director of Legal Services

Direct Line: [redacted]
E-Mail Address: scottd[redacted]

Enc

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Written on 10th June 2001

On the night of the 8th 0f June 2001 I was a staff nurse on duty with Staff Nurse Anne Noble, Staff Nurse Fiona Bryce and Nursing Auxiliary Elizabeth Lynch on Ward Six in Altnagelvin Area Hospital. After the hand- over report Mr Ferguson, Rachel's father, asked me to change her bed as she had vomited on it. Staff Nurse Fiona Bryce and I changed the bed. At this time Rachel was sitting on a chair at the side of her bed.

At approximately 21:15 I took and recorded Rachel's observations of pulse, respiratory rate and temperature. They were unremarkable. At this time she was very nauseated and was vomiting coffee grounds, approximately 150 mls. Her nausea subsided shortly after this but about 20-25 minutes later she became nauseated again. I informed Staff Nurse Anne Noble about getting Rachel an anti-emetic to see if we could give her some relief. I contacted the surgical junior house officer on call and explained the situation. As staff nurses we are unable to administer intra- venous anti-emetics. He arrived on the ward at 22:00 and administered intra -venous Cyclizine at 22:15. Rachel's nausea had subsided again at this time and she fell asleep shortly afterwards.
At approximately 23:30 Rachel's parents said they were going home as she was asleep and resting well. They asked me to telephone if Rachel needed them and I said we would.

At 00:35 Staff Nurse Fiona Bryce came to me and said that Rachel was restless and asked if I would help her to change her pyjama jacket as she had vomited a mouthful on it. When we went to Rachel's bedside I asked her if she was okay. She replied "yes." I then asked her if we could sit her up in bed to put on a fresh pyjama jacket. When Staff Nurse Bryce and I had helped her to sit up Rachel said "I just want to lie down and sleep." So we lowered her back onto the bed and placed her pyjama top over her. She fell back to sleep almost immediately.

At 02:00 I again took and recorded Rachel's temperature, pulse and respiratory rate. They again were unremarkable. She was asleep but rousable. I checked her intra-venous infusion and cannula site and recorded this on her fluid balance chart. I did not see Rachel after this until 03:40.

At 03:40 I returned from my break and was informed by Staff Nurse Anne Noble that Rachel had had a seizure. Mr Ferguson was contacted at this time. The doctors on the ward at this time were a surgical junior house officer and a Paediatric senior house officer called Jeremy Johnston. The surgical junior house officer went to Rachel's bedside and I helped him as he took some blood from Rachel for electrolyte profile and blood cultures. At this time oxygen was being administered to Rachel via a non-rebreathing face mask at 8 litres a minute. Her pulse, respiratory rate and oxygen saturation were within normal limits. Mr Ferguson arrived on the ward as this was being done. When I went to ask Dr Johnston to see Rachel he had left the ward. I spoke to the surgical junior house officer and said that Rachel was very ill and that we should contact the Paediatric Registrar immediately. At approximately 04:20 Dr Bernie Trainor the Paediatric Registrar arrived on the ward. Apparently Dr Johnston

the paediatric had spoken to her in the NeoNatal Intensive Care Unit about Rachel and had asked her to see her.

Dr Trainor immediately went to Rachel's bedside and listened to her chest with a stethoscope. Her pupils were sluggish but reacting to light. She said that Rachel sounded "rattly" and on examination she noticed a few petecchial spots on her upper trunk. Repeat bloods were taken for electrolyte profile and blood cultures. During this time Rachel's pulse and oxygen saturation were within normal limits. Her pupils now had become dilated on examination. Dr Trainor immediately telephoned Dr Mc Cord the Paediatric Consultant. Staff Nurse Anne Noble then carried Rachel down to the treatment room and a Pro-Pak monitor was attached. Intra-venous fluids were still running at this time. Dr Trainor then came into the treatment room and on examination Rachel's pupils were fixed and dilated. The anaesthetist on call was emergency bleeped. Suddenly Rachel's saturations dropped to 85% despite oxygen still being given. An airway was inserted and bagging commenced. Seconds later the anaesthetist arrived in the treatment room. After this I withdrew from the treatment room and from caring for Rachel. This ends my statement.

signed

Sandra CA anaesthetist