STATEMENT OF WITNESS

STATEMENT OF: BRIDGET THECLA JONES
Name *Rank*

AGE OF WITNESS *(If over 18 enter "over 18"):* OVER 18

To be completed when the statement has been written

I declare that this statement consisting of 2 pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 10 day of February 05

RYALL
SIGNATURE OF MEMBER by whom statement was recorded or received

Thecla Jones
SIGNATURE OF WITNESS

PRINT NAME IN CAPS

My involvement in the care of Lucy Crawford (deceased) was as follows: I first saw Lucy about 2300 hours when she was brought to her cot from the treatment room. Her mother was with her. Intravenous fluids were in progress. At midnight Lucy vomited and I gave assistance. Dr Malik who was on the ward was informed. At 0100 hours, 13 April 2000, I spoke to Mrs Crawford as I heard Lucy moving about the cot, she had turned herself to an all four sleeping position. On returning from my break at around 0300 hours I was told that Lucy had severe diarrhoea and had suffered a 'fit'. Rectal Diazepam had been given but Lucy had further diarrhoea following its administration. I went into the side room which Lucy had been moved into, Nurse McManus and Dr Malik were in attendance; oxygen was being administered. Mrs Crawford was also present. An emergency call was put through for Dr O'Donohoe and the emergency trolley was brought to the room door. As the Blood Sugar Monitoring readings were elevated the intravenous fluids were changed from .18% Saline/4% Dextrose (No 18 Sol) to 500 mls of Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140 beats per minute. As Lucy remained unresponsive she was turned from her left to right side for easier access. On

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turning her around her mouth and lips became cyanosed. Suction was given, an airway inserted and bagging commenced by Dr Malik. Monitoring equipment was connected up to record heart rate, blood pressure at 5 minute intervals and oxygen saturation levels. At approximately 0330 hours Dr O'Donohoe was unsuccessful at attempting to intubate Lucy. Dr Auterson who had been contacted, arrived and successfully intubated Lucy at approximately 0400 hours. Dr Auterson requested Fliemazenil (Anaxate) which Nurse MacNeill brought from Ward 5 Intensive Care Unit and it was given intravenously. Throughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal x-ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approximately 400 mls of .18% Saline/4% Dextrose (No 18 Sol) plus the ongoing 500 mls of Normal Saline had been given intravenous and that Lucy had vomited earlier as well as having diarrhoea. Catheterisation was ordered and I carried out this procedure; a small amount of residual urine only was obtained. As assisted ventilation was necessary arrangements were made for Lucy's transfer to Ward 5 Intensive Care Unit and then on to Belfast. Her parents were informed and spoken to by Dr O'Donohoe and Dr Auterson. Time approximately 0445 hours. I accompanied Lucy with medical staff to Ward 5 and stayed to give assistance. At approximately 0645 hours Lucy was transferred to Belfast by ambulance, accompanied by Dr O'Donohoe and Nurse MacNeill.

Thecla Jones.

Certified a true copy of the original

38/36a
11/03

SIGNATURE OF WITNESS