

STATEMENT OF WITNESS

STATEMENT OF: CAROLINE STEWART, REGISTERED MEDICAL PRACTITIONER
Name Rank

AGE OF WITNESS (if over 21 enter "over 21"): OVER 21

NOT SIGNED IN POLICE OFFICER'S PRESENCE

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 7th day of April 2005

[Signature]

SIGNATURE OF MEMBER by whom
statement was recorded or received

Caroline Stewart

SIGNATURE OF WITNESS

Re: **Lucy Crawford (deceased)** DOB: 05/11/98

From February 2000 to August 2000 I was working as a Specialist Registrar in Paediatrics in the Royal Belfast Hospital for Sick Children (RBHSC). I was based in the Paediatric Neurology Ward as the Registrar to Dr Hanrahan. I was also part of the Registrar rota in RBHSC, covering all medical problems throughout the hospital out of hours, including the Paediatric Intensive Care Unit (PICU).

I was on call on 13 April 2000 when Lucy Crawford was admitted to RBHSC. I accepted by telephone her transfer from the Erne Hospital around 6am; she arrived in PICU at approximately 7.45am. Along with the SHO in PICU, and the Consultant Anaesthetist, I spoke to Dr O'Donohoe from the Erne Hospital who transferred Lucy. I took a medical history and examined the patient. The Anaesthetist and SHO both made admission notes. The staff in PICU contacted the Erne Hospital that morning to request a copy of Lucy's medical notes and to clarify what treatment she had received prior to arrival at RBHSC.

The Anaesthetist requested the involvement of Paediatric neurology, therefore I informed Dr Hanrahan that morning about her admission. Dr Hanrahan came to assess Lucy at 10.30am and spoke to her parents. He made a preliminary list of differential diagnosis and a plan of investigations that were carried out during the next few hours (including CT scan, EEG and various blood tests). I was with him when he spoke to her family on several occasions, on 13 and 14 April 2000.

As the Neurology Registrar during Lucy's admission, I liaised between the Neurology Team and PICU, and spoke many times to Lucy's family. On 14 April 2000, I recorded notes in her RBHSC file regarding the results of the second set of brain stem tests. I also phoned the laboratories in the RVH, Altnagelvin and Erne Hospitals and recorded their laboratory results. I made a note regarding contact with the transplant team, as Lucy's parents wished for her organs to be donated. I recorded the fact that Dr Hanrahan discussed her case with the Coroner's Office (Dr Curtis). Dr Curtis did not request a Coroner's Post Mortem. Dr Hanrahan therefore requested a Hospital Post Mortem to try to ascertain the cause of death, as the cause for her acute collapse was still unclear.

At 2.30pm on 14 April 2000, I made a note relating to her extubation at 1.00pm and death at 1.15pm. With the consent of Lucy's parents, a Hospital Post Mortem was arranged. I

Form 38/36
(Plain)

SIGNATURE OF WITNESS.....Caroline Stewart

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spoke to the Paediatric Pathologist, Dr D O'Hara, to arrange the Post Mortem and wrote the clinical summary for the Hospital Autopsy. I stated on the Autopsy form that the Clinical Diagnosis was Dehydration and Hyponatraemia, Cerebral Oedema, Acute Coning and Brain Death. This information was on the basis of the clinical information available, which was the working pathogenesis agreed by Dr Hanrahan and the anaesthetists, in the absence of a definitive aetiological diagnosis. After her death, I liaised with the Transplant Co-Ordinator and Lucy's family regarding the retrieval of her heart valves during the Post Mortem.

I understand that there has been a suggestion that I was the first Clinician to make reference to the condition of Hyponatraemia with regards to Lucy. This is not the case. Hyponatraemia is one of several biochemical abnormalities that Lucy was suffering from at the material time. For example, she also had a low potassium level, the medical term for this is Hypokalemia. Any trained medical person would recognise that Lucy was suffering from a range of biochemical abnormalities. There is no significance attached to the fact that I wrote the term "Hyponatraemia" in her medical notes and records.

Police Constable Rosemary Hall has asked me if any person at any time contacted me in relation to the death of Lucy and attempted to influence me in regard to the cause of Lucy's death. My reply to this is absolutely no.

SIGNATURE OF STATEMENT MAKER: Caroline Stewart