

POLICE SERVICE OF NORTHERN IRELAND

Police Identification Mark WRC92

SUMMARY OF TAPE RECORDED INTERVIEW

TAPE REF NO: PERSON INTERVIEWED: JARLATH O'DONOHUE  
BD/534/00 ADDRESS: [REDACTED]  
Master Tape DOB: [REDACTED]  
Seal Number(s): PLACE OF INTERVIEW: GROSVENOR ROAD PSNI  
T17936A DATE OF INTERVIEW: 26/04/2005  
TIME COMMENCED: 1119 HOURS TIME TERMINATED: 1202 HOURS  
INTERVIEWING OFFICERS: OTHER PERSON(S) PRESENT:  
1 D/SERGEANT CROSS, CARE UNIT, 1 [REDACTED] SOLICITOR  
PSNI, ENNISKILLEN  
2 D/CONSTABLE HALL, CARE UNIT, 2  
PSNI, ENNISKILLEN  
3 3

MADE BY: D/SERGEANT CROSS

Tape Number and  
Tape Times:

Introductions made and caution given and explained and reasons for  
interview explained.

D/Sgt Cross:

Doctor, I had provided your solicitor with a letter outlining broadly  
speaking what areas we wanted to discuss and before the interview  
started your solicitor and I did discuss this again and I believe you  
may have a statement prepared in relation to these matters. If you  
would like to read that now.

Police confirmed that Doctor O'Donohoe's statement would be  
exhibited as RH100.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Time Times:

Dr O'Donohoe:

Ok. I Jarlath Michael O'Donohoe of [REDACTED]  
MB BCH MRCP MSC FRCP qualified in Dublin 1978 and was  
appointed as a Consultant in Paediatrics at the Erne Hospital,  
Enniskillen in July 1997. I had previously worked in a similar post in  
Queen Mary's Hospital, Royal Hampton, London and have been a  
Senior Registrar in Paediatrics at the Westminster Children's Hospital  
before being appointed as a Consultant in 1992. I attach a copy of  
my Curriculum Vitae as an exhibit to this statement marked "JMOD1".  
I was the Consultant on call on the night of 12<sup>th</sup> April 2000, the night  
Lucy Crawford was admitted to the Erne Hospital Paediatric Ward.  
On call means that I would do my normal day's work from 9-5 pm or  
usually later, I would then be available to be called by the Junior  
Medical Staff for advice and if appropriate to attend throughout the  
night until commencement of my normal duties the following day. I  
was on call every second night as there were only two Consultant  
Paediatricians on the rota. I received a call from Doctor Malik at  
approximately 9.30 pm. He was the Senior House Officer in  
Paediatrics on duty at the hospital that night as the admitting doctor.  
Doctor Malik telephoned me as he was having difficulty getting an IV  
cannula into a child who had been admitted with the history of  
vomiting and drowsiness. I was not asked my opinion and diagnosis  
and understood that I had been contacted because of Doctor Malik's  
problems with insertion of the cannula, which can be a difficult task in  
a young child. I attended and saw the child who appeared sleepy but  
could be roused. Doctor Malik and Nurse Swift were present in the  
room when I saw her. Doctor Malik had already carried out a full

PERSON INTERVIEWED:

JARLATH O'DONOHUE

Tape Number and  
Tape Times:

examination and noted it in her medical notes and from my observations I agreed with his assessment that she was dehydrated (although only mildly). She took some fluids orally; I applied the anaesthetic cream to the child's hand and was successful in inserting the cannula. As I was doing so I instructed Doctor Malik and Nurse Swift who as a nurse would be responsible for setting up the drip and punching in the numbers for the dose and rate as to fluid management. Doctor Malik appeared to be making a note as I talked, a part of his function as a junior Doctor. It would also have been for him to write out the prescription in the relevant part of the notes. Neither Doctor Malik nor Nurse Swift queried my instructions, nor asked me to sign the prescription chart. When I checked on Lucy some minutes later she was standing on the couch in front of her mother and looked well. I returned home between 11.00 pm and 11.30 pm believing my instructions for management of Lucy were clear and that everything was under control. I received a second call from Doctor Malik at approximately 3.00 am the next morning. Doctor Malik gave a brief but vague account of the child having suffered a strange episode, which he could not describe in the clear terms. My presumption was a febrile convulsion. I went immediately to the hospital. I repeated the blood electrolyte test on my arrival, giving the recent history of diarrhoea, which had been told to me by Doctor Malik. When I arrived at the hospital I was surprised to find that a saline drip was running freely. I was surprised because I had not instructed that this should be set up and I reduced the flow to 30 mls. The blood electrolyte tests showed that Lucy's sodium had dropped to 127. I reviewed the patient and was concerned to note that her pupils were fixed dilated. I knew at this stage that something had happened but could not comprehend how this could have occurred given the sodium level. Doctor Malik had been bagging Lucy and I

PERSON INTERVIEWED:

JARLATH O'DONOHUE

Tape Number and  
Tape Times:

took over but it was clear that there was no respiratory effort. I tried to intubate the child, but the bagging was satisfactory and I thought it best to wait for the anaesthetist to perform intubation. My only concern at that stage was Lucy's condition rather than an investigation into its cause. Lucy was intubated by Doctor Auterson and taken to the Intensive Care Unit as she required a child's ventilator and none was available at the Erne Hospital. She needed to be transferred to the Royal Belfast Hospital for Sick Children. I spoke to Doctor McKeague as per the letter of transfer attached to this statement. I went with a nurse from ICU in the ambulance with Lucy to the Royal Victoria Hospital for Sick Children. Towards the end of the journey she required a dopamine infusion because her blood pressure was falling. I did not write any of the initial notes following Lucy's admission and did not write the fluid prescription or make any entries on the fluid balance chart. I had appropriately delegated the management of her fluids to the competent junior doctor and nurse who was going to be with Lucy whereas I would not be present. I had attended to insert the cannula, but it was not necessary for me to stay to directly supervise her care. Doctor Malik was responsible for Lucy's care and Nurse Swift the responsibility for setting up the drip and it was the role of the nursing staff to monitor her and complete the fluid balance charts. After her transfer Doctor Crean from the Royal Victoria Hospital rang and queried to the fluids given. As I had no role in the actual administration of fluids or completion of the fluid balance charts, it is impossible for me to comment on what actually transpired during the hours when I was absent from the hospital. As the circumstances of Lucy's sudden deterioration could not be explained I reported the death to Doctor Kelly, Medical Director on 14<sup>th</sup> of April 2000. I also met with the parents but had no explanation as to why Lucy died as I did not have her record at the time of the meeting because I had given the notes

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

to Doctor Kelly when I reported the death of Lucy Crawford to him.

This statement is a true and accurate reflection of my dealings with Lucy Crawford to the best of my knowledge and belief.

D/Sgt Cross: ... Again for the purpose of the tape the exhibit marked JMOD1 we will call RH101 and the letter to Doctor McKeague will be RH102...

D/Sgt Cross: ... Can I just confirm that the medical structure on the night in question was there was a Consultant Paediatrician on call and then the next person was Doctor Malik, the Senior House Officer?

Dr O'Donohoe: Yes that's correct.

D/Sgt Cross: And there are staff grades, like Asghar for instance; we'll talk about him later. Does a staff grade fall between the Consultant and the Senior House Officer?

Dr O'Donohoe: In terms of rank yes...

D/Sgt Cross: Now Doctor Malik called you at approximately half past nine in the evening, the notes would record that Lucy was admitted about half past seven with dehydration and a query urinary tract infection from Doctor Kirby, the on call GP. Have you any comment on the fact that nothing was... done as regards Lucy's treatment for those two hours. Doctor Malik sees her at half seven and he really can't cannulate the child, but he didn't call you to half nine, did that compromise Lucy in any way?

Dr O'Donohoe: ... I suppose all I can say was that I possibly would have preferred if the treatment had been started a little earlier.

D/Sgt Cross: ... There is a dispute, you would have heard at the Inquest, as to how many times Doctor Malik attempted to cannulate Lucy and I think the normal procedure is three times and then call for assistance. Well as Mrs Crawford said it was eleven times. Did Doctor Malik say anything to you that would have indicated he had attempted more than three times?

Dr O'Donohoe: No he didn't.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Tape Times:

D/Sgt Cross: Right ok. Did you see any evidence in Lucy's hands, or feet or wherever that would have indicated there have been multiple attempts made here that have failed?

Dr O'Donohoe: If you mean eleven times, no.

D/Sgt Cross: When you say here, Doctor, that I was not asked my opinion on a diagnosis, is that referring to the telephone call as opposed to on your arrival?

Dr O'Donohoe: It refers to both.

D/Sgt Cross: ... And does that mean that Doctor Malik was quite happy that he had a proper diagnosis?

Dr O'Donohoe: Yes I think it does.

D/Sgt Cross: And while you weren't asked for an opinion would you have been told what Doctor Malik's diagnosis was?

Dr O'Donohoe: ... yes as I said in the statement - history of vomiting, drowsiness, and so on.

D/Sgt Cross: And while those would be the symptoms, the vomiting and the drowsiness, is the diagnosis gastroenteritis?

Dr O'Donohoe: Yeah.

D/Sgt Cross: And you were happy that Malik's diagnosis then was appropriate?

Dr O'Donohoe: I had no reason to think other wise.

D/Sgt Cross: And in the third paragraph, Doctor, you say that you agreed with Doctor Malik's assessment that she was dehydrated, though only mildly. There was an issue made at the Inquest... about the failure to record the degree of dehydration. Now I understand that doctors would calculate it, as a percentage figure. Is it true to say that it would be possible to say this child is approximately 5 per cent dehydrated or 7½ per cent?

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

Dr O'Donohoe: I don't go too far into the medical ins and outs of it, but there are a number of ways of doing it. The one as I understand the World Health Organisation recommend now is dehydrated - yes or no, for example...

D/Sgt Cross So are you saying that the World Health Organisation now are advising against... stipulating a figure and they are just saying yes or no, or would they still advise that you calculate or estimate is it 5 per cent or 10 per cent?

Dr O'Donohoe: My understanding from people who come from overseas is that the way they're asked to record it is yes or no.

D/Sgt Cross: Right. You see the some of the experts at the Inquest I think used the phrase that it was absolutely mandatory that that figure was worked out because that becomes the basis for working out the rate of replacement, if you don't know whether she is 5 per cent or 10 per cent then you can't actually calculate a proper rate and total fluid for replacement. Would that be true?

Dr O'Donohoe: I suppose really what it comes to... was that Doctor Malik had carried out a full examination and that really was the basis of the treatment. From my point of view he had asked me to do a very specific task. Now if you're asked to do a specific task then I suppose you carry out this specific task.

D/Sgt Cross: Right. But the specific - is it not two tasks though that you did? Whether he asked you or not, you cannulated the child, he couldn't do that, and you successfully did that, and I would have to say that the parents were very happy with how you did that and felt that it was done competently, quickly and successfully because they had been frustrated by what had happened earlier and they would be very complimentary on how that was handled, but the second task that you undertook was the actual decision in relation to what fluid and how much of it, isn't that correct?

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

Dr O'Donohoe: Well I felt that whatever else I did, I relayed to Doctor Malik and Nurse Swift.

D/Sgt Cross: Yes.

Dr O'Donohoe: That there was no indication of anything that I said caused them any difficulty or there was no queries or indication that whatever else I had done, wasn't any sense difficult for them to do or co-operate with.

D/Sgt Cross: Yes I accept that and we'll come to that, but the tasks that you undertook were, number 1, cannulation and, number 2, prescription of fluid. You made those, you made the decision on the fluids - that was your job?

Dr O'Donohoe: ... I was asked but I did not prescribe the fluids.

D/Sgt Cross: Right.

Dr O'Donohoe: So I suppose if somebody asks you what do you think, well if they, then wish to carry it out well that's fine... I can't have control over what people will do when I'm not there.

D/Sgt Cross: Right. When you say, Doctor, that you didn't prescribe it, you see my understanding is, that Doctor Malik and Nurse Swift will say that... the person who made the decision as to what to give and how much of it, that was you. Malik was merely recording it or not as the case may be?

Dr O'Donohoe: Well I suppose then... prescriptions are written documents, becomes a prescription when it's written... that's normal working practice

D/Sgt Cross: And who ... back to ... Well what I'm trying to establish here Doctor is broadly speaking, you see the sentence that starts "As I was doing so, I instructed Doctor Malik and Nurse Swift... as to fluid management", now could you be more specific, what were your instructions re fluid management.

Dr O'Donohoe: I don't know if there is much I can add... in the sense it is a long time ago. My understanding, my recollection is that I was clear, in what I said... I have never suggested that I wrote down a fluid prescription.



PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross: I accept that yes.

Dr O'Donohoe: In the sense of a document and so on and so forth

D/Sgt Cross: Well ... I mean for instance, the document does record number 18 solution, it records that it is to be given intravenously and it has the signatures. Did you instruct that it was to be number 18 solution? Was that part of your instructions re fluid management?

Dr O'Donohoe: Again I can't remember specifically, after all it is five years now...

D/Sgt Cross: Yeah, but you did, Doctor, make a note a couple of days later as to what your recollection was so I mean I'm sure you have read that note, that it was 100 mls of a bolus for one hour and then 30 mls, thereafter.

Dr O'Donohoe: I haven't seen the notes for quite a long time probably since the Inquest so I, again I don't know, I'm trying to recall as best as I can.

D/Sgt Cross: Right. So are you saying Doctor that you can't recall now, whether you were the person who decided on number 18 solution?

Dr O'Donohoe: I think, but what I tried to indicate in the statement was that the prescription, that the fluid is on the basis, it's written and on the basis of what's written that's when it becomes a fluid prescription and that's really what I'm trying to say.

D/Sgt Cross: Right. Well it appears to me that a fluid prescription never existed in this case and it also appears to me that Doctor Malik is the person who is responsible for that failure, because he has completed, well he has commenced the relevant document. He has made certain entries and he has left out one significant figure and again sister or Nurse Swift would agree with that. But it does appear to me from Nurse Swift and from what documents I have seen, that Doctor Malik has written that it was your instruction that it is to be number 18 and you did record a few days later that your recollection was number 18, 100 mls the first hour and 30 mls thereafter?

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Tape Times:

Dr O'Donohoe: The prescription really comes down to the prescription issue; the prescription is the written document. If you put in half of the prescription it's not a prescription.

D/Sgt Cross: I appreciate that.

Dr O'Donohoe: It only makes sense as a total.

D/Sgt Cross: But.

Dr O'Donohoe: I wouldn't for example, just to be clear I'm suggesting that somebody would leave a number out of a prescription, it's not a prescription until you have done.

D/Sgt Cross: But Doctor I know I'm being persistent here, but I do want to try and establish this, because it's important, and if we can't establish it we can't. But I believe from the information I have acquired already in the investigation, that Doctor Malik commenced the prescription but didn't complete it and your rightly saying then no prescription existed but what he commenced was the record of your instructions, he didn't unfortunately complete it but Sister or Nurse Swift still has a recollection of your instructions and therefore I'm putting to you that the decision to give number 18 solution was your decision, not Malik's or Swifts, is that correct?

Dr O'Donohoe: Again I'm trying to be as clear as I can, but a prescription, you're trying to divide half a prescription, but half a prescription is a nothing. It's not a concept I understand that the prescription is a whole to break it up into individual parts doesn't, I can't.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross:

But what I'm saying Doctor is, I'm not interested in the prescription now, because I will accept a prescription didn't exist. There isn't a fluid prescription written down there, there are elements of it, but I'll accept unless it's complete it's not a prescription. But what appears to me is, before Doctor Malik started to write anything he was told what to write, now he didn't write but he was told to, and you have said that you instructed Malik and Swift as to fluid management and I'm trying to determine what instructions did you give them. Whether they ever wrote a proper prescription or not is now irrelevant at this present minute any way, but do you recall what instructions you gave them?

Dr O'Donohoe:

I'm trying to answer the question, but I'm having difficulty with the idea of instructions versus prescriptions and half you know half of it being recorded, the main thing from my point of view is that if I gave somebody instructions to write a prescription it would have been a prescription and if somebody has not written a prescription then whatever else they have done, they haven't paid attention to what I've told them. I would not suggest somebody write half of it and not write the other half. You're saying for example, sorry I don't mean to interrupt, you don't know what time Doctor Malik wrote what he wrote or what point nurse Swift wrote what she wrote. So I can't say it was written before during or after it.

D/Sgt Cross:

Yes.

Dr O'Donohoe:

I can't I don't think I can answer the question any further than you know what I've recorded here.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross: Well Doctor fair enough, but the sequence of events were that you gave instructions and then Malik would record that on the fluid prescription form, now you can't say whether he did or he didn't, but you gave instructions, he made records, now I assume at some stage in the days after you would have read that fluid prescription chart and seen that it was defective. But there are elements of it there, it does say IV and it does say number 18, I mean do you recall thinking, why did he write intravenously I never said that, why did he write number 18, I never said that?

Dr O'Donohoe: Just on the intravenous part of it, the standard way of giving fluids there are two possibilities, but the standard one is intravenously. You can also give it sub-cutaneously but that is very unusual so for example that would almost, if that was not in the fluid prescription, that part wouldn't matter if you understand me.

D/Sgt Cross: But it is always given.

Dr O'Donohoe: Yeah. And if you look again, the point I was trying to make was Doctor Crean rang me to say that he had read the notes and he understood something from them. I can't remember the details of that conversation but I remember shortly afterwards contacting Doctor Kelly to say that this doesn't, this isn't terribly clear, it doesn't make an awful lot of sense. I didn't you know, I didn't spend a lot of time investigating myself, if that's what you're asking me.

D/Sgt Cross: Right.

Dr O'Donohoe: I handed the notes, physically handed the notes over to Doctor Kelly.

D/Sgt Cross: Well Doctor would it be your recollection, or can you confirm, that part of your instructions, whether it was written or not, part of your verbal instructions to Malik and Swift was that in the first hour Lucy should be given 100 mls of number 18 solution?

Dr O'Donohoe: I can't I don't think I can recall those sort of details accurately enough to be able to extend the statement.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross: Right. Then Doctor you said here that Doctor Malik appeared to have been making a note as I talked, do you recall what he was making a note on?

Dr O'Donohoe: No.

D/Sgt Cross: Right. Ok. From your experience as a Consultant Paediatrician I assume you have been at a bedside with a Senior House Officer on many occasions, giving similar instructions, while notes were being made. Would you have had an assumption in your mind as to what note he was making?

Dr O'Donohoe: I have no recollection of any details of that sort.

D/Sgt Cross: Well could I ask then would you have assumed that he was recording your instructions re fluid management?

Dr O'Donohoe: That was, that was what was happening at the time, he was making a note at the time, I didn't ask him what he had written so I don't think I can take that any further...

D/Sgt Cross: Yes ok. And so about that time the IV fluid commenced. You have also said that it was Nurse Swift's role to set up a drip and punch in the numbers for the dosage and rate. There has been I suppose some uncertainty in the advice we've got, we consulted from the nursing expert, a Consultant from Great Ormond Street, a Nursing Consultant and she was of the opinion that the read-out should have told the person the nurse how many mls had actually been given, it sort of counts up you know 5 mls, 6 mls, 7 mls as it runs through. The nurses however, say not so, with the Erne's equipment at that stage, what Nurse Swift would have done was to type in 100 and that tells the machine to give 100 mls per hour and so the machine actually never tells them how much the patient has got, it tells them how much the nurse has told the machine to give the patient. Do you recall the.

Dr O'Donohoe: I'm sorry I can't recall which piece of equipment was in use.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross: Ok. Would you be aware that equipment has been in use in the Erne that operated that way, that you actually punched in the total amount to be given per hour?

Dr O'Donohoe: That would be the normal way of setting the machine up. Even if the machine records you would still have to tell it what to do obviously.

D/Sgt Cross: Right ok. And, Doctor, it was highlighted at the Inquest the whole issue of the calculation of how much and what to give, now I will accept I know there was great dispute at the Inquest about the appropriateness of number 18 solution and as to whether it should have been something different. But it would appear having talked to other consultants, that in Northern Ireland at that time, that was the fluid that was used. It no longer applies, but I accept that was the fluid that was in use. However, there was a decision made by someone to give a certain rate. Now do you recall you making any calculation in your mind or on a piece of paper or on a note that said the child is roughly so much dehydrated, the child weighs so much, her daily maintenance requirement, therefore is so much, her replacement requirement is so much and therefore I will give her so many mls per hour. Did that process occur?

Dr O'Donohoe: I don't remember that process, but like I say it is a long time ago. Now I can't honestly say, I've no recollection of writing it down for example, but that's not to say that I didn't, if there was a piece of paper whatever.

D/Sgt Cross: You don't recall that?

Dr O'Donohoe: No.

D/Sgt Cross: Do you recall if Doctor Malik said that he had made such a calculation and he was proposing the certain rate to you on the basis of his calculations?

Dr O'Donohoe: I don't remember him saying that.

D/Sgt Cross: Right. Would a Senior House Officer normally do that?

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Tape Times:

Dr O'Donohoe: Yes.

D/Sgt Cross: Right. If a Senior House Officer were to do that, if he's calling you in in a situation like this, would you expect to arrive and be told she's 5 per cent dehydrated, she weights 10 kilos, I think she requires x mls per hour, would you expect an SHO to have done that?

Dr O'Donohoe: I would expect it to be done, yes that would be normal part of day-to-day work.

D/Sgt Cross: And if a Senior House Officer did that, how would you expect him or her to record that?

Dr O'Donohoe: I don't know if we had any standard way of recording that at the time.

D/Sgt Cross: Right.

Dr O'Donohoe: That's my recollection.

D/Sgt Cross: And if the record was made, would it normally be written just on the normal clinical notes or is it something that would be acceptable to do we'll say on the back of an envelope and then discard once a senior Doctor like yourself agrees it?

Dr O'Donohoe: It wouldn't be normal for somebody more senior to agree it.

D/Sgt Cross: Oh I see.

Dr O'Donohoe: It would be normally something that would be expected apart from very unusual circumstances. It wouldn't be something that would normally require agreement.

D/Sgt Cross: Right. Well, Doctor, from your experience as a Consultant Paediatrician, would a prescription of 100 mls per hour until urine was passed for a 10 kg child, be a common prescription?

Dr O'Donohoe: It's not a prescription; it's not a way of prescribing either.

D/Sgt Cross: Right.

Dr O'Donohoe: I can't account for the rest of Northern Ireland; I don't have terribly broad experience in other places.

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

D/Sgt Cross: Right, but in the Erne, I'm thinking more of what had been happening in the Erne, because you had been there some years now, by this stage, you came in 97.

Dr O'Donohoe: June 97.

D/Sgt Cross: You were almost 3 years there. Would a 100 mls an hour on an ongoing basis until urine was passed seem to you to be an unlikely prescription?

Dr O'Donohoe: Em ... if you're talking generally?

D/Sgt Cross: Yes.

Dr O'Donohoe: Well we will go back to the general rules that guides the fluid prescription and I suppose that's all I can say.

D/Sgt Cross: Yeah.

Dr O'Donohoe: In that respect.

D/Sgt Cross: But from your experience, because I am aware that gastroenteritis and replacement fluid management is a very common situation for doctors like yourself to be in and you would be doing it many many times every year and what I'm asking you is, does a prescription, because this is what Nurse Swift says you prescribed, you said 100 mls an hour per hour ongoing until urine is passed, does that seem to you to be unlikely - that that doesn't often happen?

Dr O'Donohoe: It's not a prescription I would, it's not my way of prescribing fluid.

D/Sgt Cross: And if you came on to the ward and one of your colleagues had been there or indeed an SHO had made a prescription and you saw that it was recorded that this 10 kg child was getting a 100 mls an hour on an ongoing basis. Would that ring an alarm bell in your mind?

Dr O'Donohoe: Again if you're talking generally.

D/Sgt Cross: Yes.



PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
ape Times:

Dr O'Donohoe: When you do a ward round, you try and calculate how much fluids somebody is given and try to find out the whys and the wherefores and see what the logic behind what was being done was, and try to understand.

D/Sgt Cross: But would that seem to you to be an unusually high rate to be given to a 10-kilo child?...

Dr O'Donohoe: I'm a bit reluctant about being too hypothetical because during most of this time I wasn't actually physically...present on the premises.

D/Sgt Cross: There is a clear dispute as to what was told to Nurse Swift: she says one thing and you're saying now ...you don't have any direct recollection...of what your instructions were. The record on the notes a couple of days later is different to what Nurse Swift is saying and I think the review indicates that you were uncertain as to actually what had been said.

Dr O'Donohoe: Well...I have written my statement to try to be as clear as possible, but I understand that my instructions had been clear. I don't recall saying to anybody that I was uncertain or maybe, well I don't recall it. I thought I had been clear in my dealings with Doctor Malik and Nurse Swift.

D/Sgt Cross: Doctor...if we leave the specifics out of it...there is quite a difference in 100 mls an hour ongoing, and a 100 mls for one hour and then 30 mls. That's broadly speaking only going to give a third. What I'm suggesting to you is this, can I translate it to police experience: if Rosemary goes to a riot tonight at which three people are arrested and she tells me tomorrow morning "I fired three boxes of plastic bullets last night", I would think "Good grief, that's grossly excessive, I can't believe that", but if she said I fired two plastic bullets, I would think that may well have been reasonable, do you know what I mean? There are things that you see and hear that just appear to be

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Tape Times:

disproportionate to the situation and what I'm suggesting to you is, for a 10 kg child...would it have appeared to you to be clearly wrong, to see 100 mls every hour of number 18 solution going into that child intravenously?

Dr O'Donohoe: You would have to ask the person who prescribed it, what was happening.

D/Sgt Cross: Well could it be right in certain circumstances then?

Dr O'Donohoe: ...Whoever is prescribing the fluids, does their calculations and then if there is any disagreements then you'd discuss what the basis for your calculations are. That's the normal way of dealing with those situations.

D/Sgt Cross: But, Doctor...it appears to me that a doctor with your experience, or any other Consultant Paediatrician, could walk down a ward and tell at a glance if a fluid prescription for that child seemed appropriate for her size...or if it seemed wholly excessive and you see 100 mls an hour ongoing is three times greater than a 100 mls and then 30. Would you have looked at 100 mls an hour if you had been told it and said there's no way ever for a 10 kg child I would have prescribed such a thing?

Dr O'Donohoe: I have tried not to do things that way; you're suggesting that you would casually glance at a ward...it's not a good way to do things...

PERSON INTERVIEWED: JARLATH O'DONOHUE

Tape Number and  
Tape Times:

D/Sgt Cross: Yes. Doctor yes at the end of the first paragraph, second page, "I repeated the blood electrolytes test on my arrival", you received a call at 3.00 am and you were surprised to see a saline drip running freely. I will accept that you have no part in this saline drip or any consequences beneficial or otherwise adverse that may have ensued. However, we have an interest in attempting to establish when that saline drip started and when the second set of bloods were taken and you said that when you arrived you ordered a second set of bloods. Now our information is the second set of bloods were requested at 3.57 - that's what the computer says in the morning...

D/Sgt Cross: We will come back to the specifics and again I accept that you were not involved in this. But if you were called at approximately 3.00, do you have any recollection or record as to when you actually arrived on the ward and when you would have said take bloods?

Dr O'Donohue: My recollection is that I physically took the bloods myself.

D/Sgt Cross: Did you.

Dr O'Donohue: That's my recollection.

D/Sgt Cross: Ok. And would you have any idea what time that was at?

Dr O'Donohue: I honestly don't think I could be any more precise than that.

D/Sgt Cross: Right, if you were called at 3.00am...my assumption would be...you wouldn't be on the ward for at least 20 minutes - half an hour, you have to get up and get dressed and drive in.

Dr O'Donohue: My feeling would be rather shorter than that, but again I didn't time it to be honest...

D/Sgt Cross: It is now ... 1202 and we will terminate that tape.