

POLICE SERVICE OF NORTHERN IRELAND

Police Identification Mark WRC95

SUMMARY OF TAPE RECORDED INTERVIEW

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| TAPE REF NO: | PERSON INTERVIEWED: | BRIDGET GERALDINE MARY SWIFT |
| LDV/371/05 | ADDRESS: | [REDACTED] |
| Master Tape Seal Number(s): | DOB: | [REDACTED] |
| T112319A | PLACE OF INTERVIEW: | PSNI, ENNISKILLEN |
| | DATE OF INTERVIEW: | 01/03/2005 |
| | TIME COMMENCED: 1304 HOURS | TIME TERMINATED: 1345 HOURS |
| | INTERVIEWING OFFICERS: | OTHER PERSON(S) PRESENT: |
| | 1 D/SERGEANT CROSS, CARE UNIT, ENNISKILLEN | 1 [REDACTED] SOLICITOR |
| | 2 D/CONSTABLE HALL, CARE UNIT, ENNISKILLEN | 2 |
| | 3 | 3 |

MADE BY: D/SERGEANT CROSS

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Interview commenced. Introductions by all present. PACE 10 completed, rights as a voluntary attendee explained, and reasons for interview explained. Caution given and explained.

D/Sgt Cross: Now from your memory can you give us an account of what your duties were that night and what your role was in relation to Lucy?

Bridget Swift: I got the report, I went into the treatment room to allow the day staff to go home, I took over from the day staff Staff Nurse. Lucy was in the treatment room with her mum and dad, obviously myself and Doctor Malik, I was informed that blood was attempted and Venflon was inserted, well attempted to be inserted and was unsuccessful. Doctor Malik attempted once in my presence to put in another Venflon he obtained blood but when he put the Hypsol in to keep the vein open it had tissue, it was no good for IV fluids. You couldn't run IV fluids

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Bridget Swift: through it so it was removed and he went out then and got in contact with Doctor O'Donohoe. I was still in the treatment room. I give her a drink of juice. From reading my own recollections of the statement I had made that I gave her a drink of orange juice, so I had to obviously go out and get it and come back into the treatment room again. My memory is that she took a couple sips of it, I'm not 100 per cent sure, but I think a couple of sips of it, Doctor Malik came back into the treatment room and said Doctor O'Donohoe was on his way in. Doctor O'Donohoe came in, he got a brief description of Lucy's illness from Doctor Malik, he stated that he wanted Elma cream put on both her hands, we normally go for the back of both hands, I done that. He stated that he wanted to give her Dioralyte to be just a drink of glucose and that in it. It comes in a powder form so you have to make it up. So that was made up, brought it back into the treatment room, the wee feeder cup, gave it to Lucy wasn't keen on it, we had to wait, usually you wait a half an hour to an hour for the Elma cream to work to freeze the area of skin that you are going to work on. We waited, I can, she was sitting on her mother's knee and I can remember her looking for a dummy. And my recollection that she had a name on her dummy and her mother had it somewhere down around the couch, down her side area, but she gave her the dummy any way. After the time had elapsed Doctor O'Donohoe inserted a venflon line into her hand, it worked. He verbally told me to put 500 mls of a number 18 Solution and run it at a 100 mls per hour until she passed urine and that's what I done in his presence. When I was doing it I verbally said it back to him, I think he nodded at me, he answered me he either answered me or he nodded, I can vaguely remember him nodding at me and then I put the fluids and ran it 100 mls an hour.

D/Sgt Cross: And did you have any contact with Lucy after that then, that would have been about half ten in the evening I think?

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Bridget Swift: It would have been in between ten/half ten, the exact time I wouldn't be a 100 per cent sure of. I took her out of the treatment room and when I was coming out of the treatment room Nurse Jones was sort of coming in to see was I all right. Lucy's mother carried Lucy out, I pushed the drip counter and I can remember telling Nurse Jones that there was a number 18 put up and it was run at 100 mls until Lucy had passed urine and then I walked with them to the first cubicle on medical side.

D/Sgt Cross: Right and did you have any contact with Lucy then after that?

Bridget Swift: After that I was there she had a vomit, it would have been shortly after putting her into the cubicle, she had a vomit, I was there for that. From my recollection I had no hands on dealings with her.

D/Sgt Cross: Right and if I could take you back - handover, I believe is the word that your profession uses for changing of shifts?

Bridget Swift: Yes.

D/Sgt Cross: Do you recall what you were told during handover in relation to Lucy or was she mentioned specifically?

Bridget Swift: I honestly can't remember. I was told - query gastroenteritis and I was told she had been at her GP two or three times either in days or times I'm not sure and that the GP wanted her sent in to commence on IV fluids.

D/Sgt Cross: Right and the evidence from the paperwork, the depositions would be that you were the first nurse then who went and spoke to the day staff nurse and to the Lucy's mum and met Lucy. Why, were you specifically told to do that or did you do that off your own bat?

Bridget Swift: No I done that off my own bat.

D/Sgt Cross: Right well nurse, can you tell me at handover, am I right in saying that Sally McManus was the Nurse in charge of your shift then?

Bridget Swift: That's right, yeah.

D/Sgt Cross: Do you recall what Sally told you your duties were for that night or for the next few hours or?

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Bridget Swift: I don't believe she told me anything.

D/Sgt Cross: Right, well going on duty that night there was Sally McManus, yourself, Thecla Jones, and Teresa McCaffrey. Was there any other nurse on the night shifts, those are the only ones I'm aware of?

Bridget Swift: Not to my recollection no.

D/Sgt Cross: So there were four of you right?

Bridget Swift: Mm, mmh.

D/Sgt Cross: Now I understand that Nurse McManus went and did the medicines and that took her some time. Teresa McCaffrey was looking after teas and suppers and that sort of thing. But she was an enrolled nurse then, so she would have been junior to the other three, wouldn't that be right?

Bridget Swift: Yes that's correct.

D/Sgt Cross: Right and that yourself and Thecla did observations?

Bridget Swift: Ah ha.

D/Sgt Cross: ...Why would you have done observations as opposed to the medicine trolley or as opposed to the tea?

Bridget Swift: At that time there was no particular... regime to what you actually done. You got the report, you went out and you just done what had to be done.

D/Sgt Cross: Right. You see I'm told say from Great Ormond Street in that Sally McManus has worked there, so she has agreed that this is the system, that every nurse, well at every handover each patient would be given a named nurse, so whenever you would come on if there are say eighteen we'll say twenty children on the ward and there's four nurses, you would be given five of them probably if they are all equally ill and you would be told those are your children, you look after them tonight. Did, was it that system that was in place in the Erne at that time?

Bridget Swift: Naw.

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D/Sgt Cross: Right, right. Well could I ask then, when you would have started say the night shift before, or the night shift after, would you have known once the handover is complete you just go and do the observations, I mean was there something that you always did as an individual?

Bridget Swift: No no I would go and do the observations, again if there was another patient waiting to be admitted I would have again let the day staff go home.

D/Sgt Cross: I'm not here to criticise the system because... I don't really understand it any more than I would expect you to understand a police handover... But what appears to me worrying, is if you've... twenty children on the ward that night, and they all would have different needs, if nobody's told exactly what to do, how does any one in management be sure that anything gets done, do you know what I mean? I mean if each of those children needs their temperature taken every hour or every two hours... who's responsible then for actually doing that?

Bridget Swift: We all are.

D/Sgt Cross: You all are, right.

D/Sgt Cross: Well, nurse, can you recall... in the weeks... particularly prior to it, would you ever have been told starting a night shift, your job tonight is to do the observations or to do the medicines?

Bridget Swift: Only in the last say twelve months we have been allocated.

D/Sgt Cross: Right. Ok. Well in your experience did that system work?...

Bridget Swift: Overall or on that night?

D/Sgt Cross: Well overall, when I say did it work, I mean you would know as a nurse what's required for an individual patient, that certain things have to be done regularly during the night, did that system generally ensure that those things were done for every patient?

Bridget Swift: Yes.

D/Sgt Cross: Do you recall... before April 2000... any difficulties with the system or any criticism... or any discussion that we need to change this?

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Bridget Swift: The only discussion is more staff. The system, the work was done, it was the staffing, maybe you know, just staffing.

D/Sgt Cross: Right, right if I can just jump back a wee bit, because what we are doing with every nurse and every doctor is to ask them just basically their qualifications and their experience and how long they have worked in certain places. Do you just mind going back and telling us when you qualified and where you've worked since and in what types of nursing?

Bridget Swift: That's fine.

D/Sgt Cross: So when did you qualify?

Bridget Swift: I qualified as an enrolled nurse in 1982, I trained in the Erne, I went into the Erne in 1980; in 1993 thereabouts, 91, I done a conversion course from enrolled nurse to staff nurse through the Open Learning. I qualified, I then done another further six months to get myself a Diploma in teaching and learning; I've worked in every ward within the hospital throughout the years. In the early stages we were allocated, an allocation sheet, would come out maybe every week to a fortnight, if your name was on it you were moving to another ward. If it wasn't you stayed where you were at present. It was also put down whether you were going on night duty, if you were holidays, all those details were put on this particular sheet. When you seen it every week then you realised I'm staying, I'm moving, but I've been in Children's Ward for sixteen/seventeen years now, without being moved.

D/Sgt Cross: Right...I understand there is a specific qualification in paediatric nursing, is that true?

Bridget Swift: Yes.

D/Sgt Cross: Have you done that?

Bridget Swift: No I haven't.

D/Sgt Cross: You're there because you are a registered general nurse?

Bridget Swift: Yes.

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D/Sgt Cross: Would anybody on the ward have had a specific qualification in paediatric nursing?

Bridget Swift: Both Nurse Jones and Nurse McManus.

D/Sgt Cross: On practice on the wards...if the four of us were taken on a ward tonight and you two are paediatrically trained and we're not, would that...make any difference as to what you do compared to what I do?

Bridget Swift: No, not really, no.

D/Sgt Cross: Ok, do you mind nurse if I just read through your deposition here...I will read it to myself and if there are any points I want clarified I'll raise them. You took over from Staff Nurse McDowell then?

Bridget Swift: ...Staff Nurse Burns was in the treatment room, Staff Nurse McDowell handed over the report.

D/Sgt Cross: So at the handover it's Laura McDowell who is actually doing the talking, but when you go to the child Staff Nurse Burns is there?

Bridget Swift: Yes in the treatment room.

D/Sgt Cross: Fair enough, now again I apologise for my ignorance, but there is so much of this that's outside our normal remit. You have said here that Doctor Malik found a small vein in Lucy's left foot and inserted a venflon. What is a venflon?

Bridget Swift: A venflon is a tubing and the outer side is a plastic covering and a needle is in the middle. It is also called a butterfly, there's two wings on either side of that needle and there's an opening here in the centre of it, it's called a venflon, the venflon is inserted into the vein, the actual plastic is left in the body in the vein and the needle is withdrawn and that gives you intravenous access.

D/Sgt Cross: And how does that differ from a cannula, is it the same thing?

Bridget Swift: It's the same thing.

D/Sgt Cross: ...And when you said it had tissue, what do you mean by that?

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Bridget Swift: When the venflon was inserted and the blood was obtained it came away clearly but when there was hypsol put in to keep the vein open to keep it flushing it bubbled under the skin where the actual wee plastic tube...could have possibly been moved slightly either gone to the right or to the left and it would have hit off the vein wall, where as if you were going to put liquid into that it was going nowhere.

D/Sgt Cross: Not going into the vein.

Bridget Swift: It would have just come up in a big bubble. It wouldn't go anywhere or it would leak.

D/Sgt Cross: So it's the Hypsol that creates that bubble and you can see that with your eyes.

Bridget Swift: Yes.

D/Sgt Cross: And you know it is defective?

Bridget Swift: Yes, you know it's not going to work.

D/Sgt Cross: Right, ok. It's not specifically covered here but you did mention that Doctor Malik attempted on one occasion in your presence to gain access for IV fluids. You recall at the Inquest that there was quite an issue made there about how often this happened, in that Mae Crawford was suggesting that it was about eleven times...But others suggested that three times is broadly speaking the maximum - you should try three times and then look for a more experienced colleague. Is there anything you can say about that whole dispute now?

Bridget Swift: The only thing, in my presence it was Doctor Malik's one attempt and Doctor O'Donohoe's one attempt while I was there.

D/Sgt Cross: While you were there.

Bridget Swift: I was asked at the Coroner's case about the eleven times for the venflon and I just said what I said to anybody and what I've said before. I would allow three times then you get your consultant in.

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D/Sgt Cross: But if that was your opinion is it possible that when you weren't there that Doctor Malik would have persisted in trying to gain access and it may have amounted to eleven times, do you think would he have had the time to do it, put it like that?

Bridget Swift: I don't think he would have had the time to do it, and I don't think the Staff Nurse would have allowed him to do it. If allowed is the right word.

D/Sgt Cross: Yes I know what you mean, right.

Bridget Swift: I think she would have said that's enough we tried.

D/Sgt Cross: Well did you hear any discussion in the ward with your colleagues about him having done that eleven times or a large number of times?

Bridget Swift: I didn't know about the eleven times until I read Mrs Crawford's statement, which was the night before the Coroner's case.

D/Sgt Cross: Right, well could I ask you now - this is an opinion based on your experience maybe of Doctor Malik and other children - had you ever seen Doctor Malik attempt to gain IV access a large number of times with other children?

Bridget Swift: No, no.

D/Sgt Cross: Right, could I ask you in your opinion now, based on your experience of working with Doctor Malik and Doctor O'Donohoe, is it possible that Doctor Malik would have been, we'll say fearful or apprehensive of bringing in a senior colleague, just to get a tube into a child's arm, do you know what I mean. Would it be expected that O'Donohoe would feel you're incompetent or would feel angry at his time being wasted? What is your experience of their working relationship in the past, is that feasible?

Bridget Swift: I honestly can't answer that, I don't know.

D/Sgt Cross: Right, well could I ask have ever you seen Doctor O'Donohoe be abrupt or sharp with a junior doctor in this situation for having called him in to just to get IV access?

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Bridget Swift: No, I haven't never, no.

D/Sgt Cross: Right and did Doctor Malik tell you at all that he had attempted very frequently and failed and he was going to call O'Donohoe?

Bridget Swift: No, he didn't tell me, no.

D/Sgt Cross: Right, you say here nurse you gave the child orange juice in the cup approximately 50 mls. Lucy passed urine into a specimen bag and a sample was tested by myself which had protein and ketones. What does that mean to you as a nurse - the fact that there is protein and ketones in urine?

Bridget Swift: ...Well the ketones especially can determine whether there was vomiting prior to maybe for 12-24 hours if there was a large amount of vomiting. Protein can be any kind of an indication depending on what the child would come in with. Protein and ketones combined could be a urinary tract infection. Because we were told she hadn't been drinking would be an indication that the kidneys weren't being flushed. That there was just the build up there; the fluids weren't put in to take out.

D/Sgt Cross: Ok, ok, right. And is that another way of saying that it might tell she is dehydrated? Or is that a different thing.

Bridget Swift: No it wouldn't tell you if she's been dehydrated, you go by again experience, what you can see in the urine, if it was clear, if it was cloudy, if it was smelly there is a number of things...it doesn't tell you anything definite.

D/Sgt Cross: Right, now you go on to talk about Doctor O'Donohoe arriving and inserting a venflon into Lucy's hand and it flushed with Hypsol and you said I connected the IV line and I was instructed by Doctor O'Donohoe to run the fluids at 100 mls an hour until Lucy had passed urine. Whereabouts did that happen?

Bridget Swift: Sorry in the treatment room.

D/Sgt Cross: ...And can you tell me who all was present in the room when this happened?

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Bridget Swift: Mrs Crawford, Lucy, Doctor Malik, myself and Doctor O'Donohoe.

D/Sgt Cross: Right, what was Doctor O'Donohoe's sort of temperament at that stage or his disposition, was he calm or was he annoyed or?

Bridget Swift: Well out of the two I'd say he was calm he didn't appear annoyed to me.

D/Sgt Cross: ...Do you recall any discussion about how dehydrated the child was?

Bridget Swift: No.

D/Sgt Cross: You remember it came out at Inquest... it appears there are ways of saying the child's 4 per cent, 8 per cent, 10 per cent dehydrated. Do you recall any discussion about a figure like that?

Bridget Swift: No.

D/Sgt Cross: ...And do you recall any discussion between Doctor Malik and Doctor O'Donohoe about which is the right fluid to use?

Bridget Swift: No.

D/Sgt Cross: And do you recall any discussion between Doctor Malik and Doctor O'Donohoe about how much to use?

Bridget Swift: No.

D/Sgt Cross: Right and do you recall Doctor Malik expressing any opinion on what fluid, what rate, what total amount anything like that in relation to fluids?

Bridget Swift: No.

D/Sgt Cross: Right, so am I right in assuming now that it was Doctor O'Donohoe who made all those decisions?

Bridget Swift: Yes ah ha.

D/Sgt Cross: Right and did he ask Malik for an opinion?

Bridget Swift: Not that I can remember no.

D/Sgt Cross: Ok I could see that Doctor Malik is an SHO, does that mean he's still undergoing training?

Bridget Swift: Em he would be undergoing I suppose a certain amount... they are still under... supervision. I don't know now if that's correct now or not.

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D/Sgt Cross: Well in your experience on the ward particularly with Doctor O'Donohoe and a different SHO and a different child say, would, would you have seen a situation where Doctor O'Donohoe would say to the SHO how much fluid would you give this child as a training thing to see does he know or she know, would that be done with SHO's?

Bridget Swift: It can be done, but if it was going to be done it would be done at the ward round during the day when they are having that teaching session during it.

D/Sgt Cross: Right and are you clear in your mind that that type of discussion didn't happen here?

Bridget Swift: Not in the treatment room no.

D/Sgt Cross: Ok, ok from Doctor O'Donohoe arrived until the fluid was set up, would he have had an opportunity to discuss it with Malik when you wouldn't have been present?

Bridget Swift: I suppose he could have yeah.

D/Sgt Cross: Ok. Right. If you bear with me for pushing this because obviously we have a difficulty in that Doctor Malik is out of the country so we can't ask him these things and we are trying to see if we could talk to him or if he had have been here what he might he have said. It's not the best evidence now but it's maybe all we can get at the minute. Well then nurse you recall again from issues at the Inquest and from reading the depositions that while we haven't interviewed Doctor O'Donohoe it's my expectation that he will say that I decided on how much to give and I told Doctor Malik and I told nurse Swift what Lucy was to get and Doctor Malik was standing with a fluid chart writing on it and therefore O'Donohoe assumes that Malik has recorded all. Is that what you recall happening?

Bridget Swift: Yes. I can still picture myself in the treatment room.

D/Sgt Cross: Good, yeah.

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Bridget Swift: To me Doctor Malik was standing down by the phone at the end wall of the treatment room with the fluid balance chart, turned up on the right side for writing. Mrs Crawford and Lucy were at the edge of the couch sitting. Doctor Malik would have been beside them and I would have been sort of this direction and I had the drip counter and the fluids and I verbally said it back to him what he said to me and I think he nodded, I honestly can't remember, but we were all in the treatment room at the time.

D/Sgt Cross: And Malik was writing on a chart, on a fluid balance chart.

Bridget Swift: On a fluid balance chart.

D/Sgt Cross: Right, again from your experience now because you've been there for years, from your experience if a consultant is saying you know such and such a fluid at such and such a rate and there's a junior doctor there who normally does the writing of that?

Bridget Swift: The majority of the time it is the junior doctor it would just depend.

D/Sgt Cross: And you're aware that Doctor Malik, has left, well there is an omission on that chart, I think maybe if we just show it to you. Perhaps just before we go to that, Nurse for the purposes of the tape cause the tape can't see this. We are looking at the Erne notes and it's page 65 and this is the fluid balance chart.

Solicitor: Page 65 is that a bundle of your own?

D/Sgt Cross: Of the Erne notes, that's our own numbering if you know what I mean. I think that's in order that they come in the originals, but this is the daily fluid balance chart for the 12th of the fourth 00. What we have is at seven o'clock it says admitted. I believe we know who said that, but that's not your writing?

Bridget Swift: No.

D/Sgt Cross: That's not your writing, now at 8 pm it says she passed 20 mls of urine and there is ketones, four pluses and protein, four pluses, do you recognise that writing?

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Bridget Swift: Yeah, that's my writing.

D/Sgt Cross: That's your writing, so you made that entry?

Bridget Swift: Mmm, hmm.

D/Sgt Cross: Then at 9 pm it says 50 under amount taken by mouth 50 juice, do you recognise that?

Bridget Swift: Yeah that's my writing.

D/Sgt Cross: Then the next line is at 10 pm a 100 of Dioralyte, do you recognise that?

Bridget Swift: That's my writing.

D/Sgt Cross: Right, well nurse, do you recognise any other writing on that page as yours?

Bridget Swift: Yes, this 100 mls over a hundred mls number 18 and her nappy was damp.

D/Sgt Cross: That's your writing?

Bridget Swift: That's my writing.

Solicitor: That's in the eleven o'clock column.

D/Sgt Cross: That's at eleven o'clock right. And what about the 100 over 200 at twelve midnight?

Bridget Swift: Yeah. The time they would have come out of the treatment room that 100 over the 200 was my writing as well.

D/Sgt Cross: Right so the midnight entry is yours and that there is a plus plus under vomit?

Bridget Swift: That would be mine as well.

D/Sgt Cross: My recollection is excuse me for talking to Rosemary that Thecla Jones indicated that those were all her entries, am I right in that.

D/Con Hall: I thought Thecla just said these one and two were hers.

D/Sgt Cross: Right, those two that because there does appear to be a change in handwriting there you know.

Solicitor: Diagonal stroke.

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D/Sgt Cross: Yes, yeah, no that's grand. Well when we're here could you just explain to me what 100 over 100 means to, to your profession?

Bridget Swift: This 100 here is the rate that the fluids were to run at. And this 100 here would be an hour of the fluids running.

D/Sgt Cross: Ok, right and then you go midnight and you've a 100/200 what does that mean?

Bridget Swift: Again the 100 is the rate that the fluids are running at and because you are into two hours you have 200 mls.

Solicitor: Right.

D/Sgt Cross: Is that like a running total?

Bridget Swift: That's a running total, yeah when you come down here you could have 6/700 and that would be your intake.

D/Sgt Cross: Again we have covered this with your colleague, but just for the point of confirmation at 1.00 am it says 100/200 and at 2.00 am 100/200, have you any comment to make on those two entries?

Bridget Swift: Well those two entries looking at them are added up wrong.

D/Sgt Cross: Right, what would you expect those to read?

Bridget Swift: I would expect that there to read 100/300 and that 100/400.

D/Sgt Cross: Right, and at 3.00 am 500 is written what would that mean to you, now this is now normal saline?

Bridget Swift: Looking at that just like that there it's a new bag of fluid was put up a 500 mls bag of fluid, but as to why it was written like that I've no idea.

D/Sgt Cross: And do you think would that suggest to you that the 500 mls was given in the hour it all ran through in one hour?

Bridget Swift: No I would very much doubt it.

D/Sgt Cross: Right, right, I'm not suggesting you had any part in that, I know you didn't.

Bridget Swift: No, I would very much doubt it at the best of times...

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D/Sgt Cross: Could I ask again just to be doubly certain because there is a difference here in what our expert from Great Ormond Street has said now and what's happening in the Erne? I think your colleagues have explained it to my satisfaction, but to make sure that that you're given the opportunity. When you write the first 100 here, that's a record of what you have dialled in to a drip counter to actually give the child that hour?

Bridget Swift: Yes.

D/Sgt Cross: And when you write 100 first at twelve midnight that is stating that the drip counter is still set to give 100 mls per hour.

Bridget Swift: That's correct yes.

D/Sgt Cross: And the fact that that figure doesn't change at 1.00 am and 2.00 am is an indication that the drip counter is set at 100 mls per hour?

Bridget Swift: That's correct.

D/Sgt Cross: And then the second figure tells you that the child has got 100 mls now?

Bridget Swift: Yes ah ha.

D/Sgt Cross: Now, Nurse how would you know, let's say this starts at 11.00 pm and you dial in 100 mls and then you come back at midnight, is there any way from the machine that you can know that the child has got a 100 mls?

Bridget Swift: On, on machines at this time 2000 no, on the new machines yes. On the new machines it will tell you how much has been infused.

D/Sgt Cross: Therefore if something went wrong... I take it that these machines can interrupt at times and stop, if the child moved her hand or something and maybe kinked a tube, is it possible that you could dial in 100 mls but actually a 100 mls hadn't been given.

Bridget Swift: No, not possible.

D/Sgt Cross: ...Well could I ask then... can things go wrong with these machines that for five minutes nothing is given?

Bridget Swift: I presume it can, it's a machine.

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D/Sgt Cross: In your knowledge if there is an interruption like that does the machine catch up so that every hour it will definitely have given 100 mls?

Bridget Swift: No the machine won't catch up.

D/Sgt Cross: Ok right, but at that time you wouldn't have known then? The machine didn't tell you.

Bridget Swift: No the machines, the machines that were made at that time weren't able to tell you.

D/Sgt Cross: And this was a 500 mls bag you would have set up?

Bridget Swift: Yeah.

D/Sgt Cross: Right and am I right in supposing that after say two and a half hours if you go in you would know to look at the bag that half is given, you would expect half to be through in two and a half.

Bridget Swift: Hm hm.

D/Sgt Cross: So you would have some guide that way as to whether it was working right or not? Ok.

Bridget Swift: Plus on the bag there is wee figurines like 100/200/300.

D/Sgt Cross: Oh is there, right so that would give you an idea?

Bridget Swift: But it's, it's just looking at it.

D/Sgt Cross: Right, right and have you any reason to believe that the machine was defective on this night?

Bridget Swift: No.

D/Sgt Cross: Right and is it your recollection that this bag emptied at roughly the rate you would have expected it to empty?

Bridget Swift: I don't know, I wasn't there when the bag emptied.

D/Sgt Cross: Ok... I am turning over to page 66, and, nurse, am I right in saying that in the originals this is one bit of paper, it's a front and a back?

Bridget Swift: Yes that's correct.

D/Sgt Cross: Right so this would have been written on one side and now what I have as page 66 is written on the back side?

Bridget Swift: Yeah.

PERSON INTERVIEWED: BRIDGET GERALDINE MARY SWIFT

Tape Number and
Tape Times:

D/Sgt Cross: And can you just tell me what this means to you then as a nurse?

Bridget Swift: That there is the date that the fluids were written up; that there is the name of the fluid; that there the site is the way it was to be given and administrated; that there the hours should've been the rate it was running at. This column here wouldn't hasn't been used in quite a number of years where I can assume it was for adding of drugs such as potassium, insulin, in years gone by.

D/Sgt Cross: That's what Nurse McManus said too and she thought maybe more commonly used with adults.

Bridget Swift: More in adults because we wouldn't be adding in drugs and those kind of things in there. A is the signature of the doctor and B is the signature usually of the nurse that observed her.

D/Sgt Cross: Now can you tell me who wrote this?

Bridget Swift: Doctor Malik wrote that.

D/Sgt Cross: Right and so are you telling me Doctor Malik wrote it because you recognise his handwriting or because you saw him write these details?

Bridget Swift: Because I seen him writing.

D/Sgt Cross: Right, ok, right and that's his signature there under A?

Bridget Swift: Yeah, it looks like it, I know it's unfortunately very it's hard to make it out.

D/Sgt Cross: Right, ok and that's your signature there?

Bridget Swift: That's my signature there.

D/Sgt Cross: That wee buzzer lets us know that that tape is about to run out, so if you bear with me while we have to change it. It's 1545 hours; I will terminate this part of the interview.