

POLICE SERVICE OF NORTHERN IRELAND

Police Identification Mark WRC96

**SUMMARY OF TAPE RECORDED INTERVIEW**

TAPE REF NO:	PERSON INTERVIEWED:	BRIDGET GERALDINE MARY SWIFT
LDV 371/05	ADDRESS:	[REDACTED]
Master Tape	DOB:	[REDACTED]
Seal Number(s):	PLACE OF INTERVIEW:	PSNI, ENNISKILLEN
T112320A	DATE OF INTERVIEW:	01/03/2005
	TIME COMMENCED: 1550 HOURS	TIME TERMINATED: 1635 HOURS
	INTERVIEWING OFFICERS:	OTHER PERSON(S) PRESENT:
	1 D/SERGEANT CROSS, CARE UNIT, ENNISKILLEN	1 [REDACTED] SOLICITOR
	2 D/CONSTABLE R HALL, CARE UNIT, ENNISKILLEN	2
	3	3

MADE BY: D/SERGEANT CROSS

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D/Sgt Cross: It's 1550 and we are continuing the interview. I just want to confirm that the same four people are in the room and, nurse, that you are still under caution as before, you don't have to say anything, and could I ask you to confirm that I didn't ask you any questions in relation to this while the tape was off?

Bridget Swift: Yes.

D/Sgt Cross: Right that's grand, now we were looking at page 66 and what this actually meant. Could I ask you to again we are stating the obvious, but this is the date under the second column, could I ask what would normally would go under the first column where it says number?

Bridget Swift: That there would be a number one for the first bag, number two, number three and so on.

D/Sgt Cross: Ok. So there was only... one line here, because there was only one bag put up of this material.

Bridget Swift: Yes.

D/Sgt Cross: Right solution 18 again I assume means 0.18 per cent saline with four per cent Dextrose, that's what the child got and it's commonly known as

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Bridget Swift: The number 18.

D/Sgt Cross: Yes solution 18 or number 18. IV is intravenous?

Bridget Swift: Intravenous.

D/Sgt Cross: Right, you have already told us what should be under hours. And this is for extra drugs that in your experience is seldom if ever used.

Bridget Swift: Very seldom.

D/Sgt Cross: And... this is Malik's signature I'm told. What... is the doctor actually signing here for?

Bridget Swift: That he prescribed the, the fluids that he has written down.

D/Sgt Cross: ...Why did Doctor Malik sign as the prescriber because that's what it says A = prescribed by, he signs as the prescriber when in fact it was Doctor O'Donohoe who made all the decisions, is that common?

Bridget Swift: Yes it is common.

D/Sgt Cross: Right, right, so by signing here, am I right in saying that Malik is not saying I'm the person who decided this?

Bridget Swift: Yes ah ha.

D/Sgt Cross: Ok. Right and then B is administered by, so what are you actually saying when you sign your name at B?

Bridget Swift: That I'm actually putting up those fluids.

D/Sgt Cross: Right, ok. Now you say nurse in your deposition, "I connected the IV line and I was instructed by Doctor O'Donohoe to run the fluids at 100 mls per hour until Lucy had passed urine". Now you are aware I'm sure of the significance of this discussion, because this really is the crux of all that went on in the Erne, as to why this was set up and whose decision it was, particularly since it hasn't been properly recorded. I accept that this record is not your responsibility, this is the doctor's problem, isn't that correct?

Bridget Swift: That's right, yes.

D/Sgt Cross: That side of the page, this side of the page 65 that's the nurse's responsibility?

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Bridget Swift: That's correct yeah.

D/Sgt Cross: Now you are confronted with a situation where a child needs IV fluids and you're the nurse who is going to set it up and you are told some of the story in writing, you are told you know get a bag of solution 18, so you knew exactly, there was no dispute in your mind, does that only mean one thing to a nurse in the Erne, solution 18?

Bridget Swift: Yeah, the bag of the 18 solution.

D/Sgt Cross: Right, that can't be confused with anything else?

Bridget Swift: No, no.

D/Sgt Cross: Ok. Now can I ask you why did you go ahead and set this up and run it at a rate when the column wasn't complete that says hours?

Bridget Swift: Because at the time that I put it up and ran it at the rate that I was verbally told to run it at, I hadn't seen the fluid balance sheet.

D/Sgt Cross: Right...you set it up on the basis of what you had been verbally told?

Bridget Swift: Told, yes.

D/Sgt Cross: Ok. And Doctor O'Donohoe told you to run it at what rate again?

Bridget Swift: A 100 mls per hour.

D/Sgt Cross: Right, for how long?

Bridget Swift: Until she passed urine.

D/Sgt Cross: Right and..that means you dial in 100 or whatever?

Bridget Swift: Yes, you put in the rate that the fluids have to run at plus the amount that's in the bag.

D/Sgt Cross: 500 mls then.

Bridget Swift: Hm hm.

D/Sgt Cross: If you had come back say in half an hour and Lucy had passed urine, what would you have been expected to do then?

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Bridget Swift: Well I would have been expected to go and get in contact with the doctor, which would have been Doctor Malik and said look it she has passed urine, whether it's a measured amount or a wet nappy or a heavy damp nappy, you would inform him and then he would tell you what to do.

D/Sgt Cross: Right, was there a discussion, nurse, with any of your colleagues about this prescription of fluids... would you have told Sally McManus or Thecla Jones or Teresa McCaffrey that this child... is getting 100 mls an hour, but if you see her with a damp nappy it's to stop?

Bridget Swift: I informed Nurse Jones when I ... was coming out of the treatment room as I stated I met her, she was coming in as we were going out and I gave her the verbal report and it was accepted.

D/Sgt Cross: Right... Now I'm talking about your experience having been there for seventeen years or thereabouts, what is your opinion of that amount of fluid being given to a child of Lucy's age or size?

Bridget Swift: ... It was the norm. Lucy was in on the Wednesday, we done it on the Friday night, it was done the following week, I think it was Wednesday night of the following week, it has been done up until say twelve months ago, same solution, same rate.

D/Sgt Cross: Right and when you say it was done on other occasions, who did it?

Bridget Swift: Who prescribed it?

D/Sgt Cross: Yes.

Bridget Swift: Well the doctors prescribe all fluids.

D/Sgt Cross: Right and from your recollection was it Doctor O'Donohoe who had done it on these other occasions or would it have been other paediatricians?

Bridget Swift: It would have been other paediatricians.

D/Sgt Cross: Right, so... if a Doctor says to you for a child of her age and size, 100 mls an hour to urine is passed, that wouldn't have rung alarm bells in your mind?

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Bridget Swift: No. Not at that time no.

D/Sgt Cross: Yeah, could I ask, I mean am I right in assuming, because I've children of my own and lots of nieces and nephews you know, Gastroenteritis is a very common condition of children, wouldn't that be fair to say?

Bridget Swift: That's right yeah.

D/Sgt Cross: And am I right in saying that children with gastroenteritis who require IV fluids, you know, there is a fair number of them that go through the paediatric ward, or the children's ward in a year?

Bridget Swift: That's right.

D/Sgt Cross: Right again thinking of children Lucy's age and size because I know that fluid volumes depend on your weight etc. For an average child of her age and size, if you're telling me that you know that prescription happened for other children, is it also true that other children of the same age and size got a different prescription?

Bridget Swift: It probably has happened.

D/Sgt Cross: Why would it happen then, what would make the difference, is it a different doctor or is it?

Bridget Swift: I honestly can't say what would make the difference.

D/Sgt Cross: Well nurse I'm aware and I have discussed this with your solicitor before the interview and we have discussed it with Sally McManus and she made a similar comment to that. To the effect that this type of prescription was made in other cases, in fact Sally McManus said, was it the very following night.

D/Con Hall: The next night yeah.

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D/Sgt Cross: Obviously we can't hold her to that, that's some years ago. What I'm asking, I have discussed it with your solicitor, I'm not sure how we'll get here, but I think it's in your interests that you can prove that, that we get evidence of that... There is an issue here: some will say that this was a very high dose and you should have known and the doctors should have known and therefore it should never have happened, but if it's your defence to that that it might be a high dose and it might not, that's not your decision, all that you know is that it was given to other children in similar circumstances, it would be useful if you can prove that and... do you see a way for you to be able to, you know go to your managers and say I need the medical notes for child A, B and C, I don't care if the names are taken off and they are just called child A, Child B.

Solicitor: I mean, obviously we are talking about the practicalities of doing it here and I mean the resources yourselves would have would outstrip those even with legal assistance that Nurse Swift would have. I mean essentially what you're saying is your evidence or your what you are saying here is that you recall this dosage and this rate being given to children previous times.

Bridget Swift: Yes ha ha.

Solicitor: And other times other than this night.

Bridget Swift: And yes... and weeks after.

Solicitor: And it wasn't seen as unusual?

Bridget Swift: No and weeks before.

D/Sgt Cross: Yeah, do you recall the names of any of those children?

Bridget Swift: I honestly don't, no.

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D/Sgt Cross: No well, I think, we'll if you want to discuss it with your solicitor afterwards we will talk to Mr McQuillan to see if we can narrow down, I mean clearly there will be a difficulty for the police going and demanding every chart of every child that was in, because confidentiality is an issue, but I would like to get my hands on that, because if it's true it's very relevant, if it's not true it's very relevant, so we'll discuss that later. So you are saying nurse that you went ahead and did this, because you were clearly told by O'Donohoe that there was a 100 mls until urine is passed?

Bridget Swift: Yes ah ha.

D/Sgt Cross: And it wasn't unusual?

Bridget Swift: No it wasn't unusual.

D/Sgt Cross: Ok, ok and you've said that you went ahead without this being written because you hadn't seen this chart?

Bridget Swift: No at the time I was putting up the IV fluids I hadn't seen the fluid balance chart.

D/Sgt Cross: Right, well then nurse, when did you sign the chart?

Bridget Swift: I honestly can't remember when I signed it.

D/Sgt Cross: ...Is it possible that this could have been signed basically as a blank chart...that you are signing yes I'll do it, I know what you're telling me and you just sign it expecting Malik now to fill it in, or is it more likely that you sign it as you see it here after the date and time are on it and the solution 18 and the IV?

Bridget Swift: Well I know I wouldn't have signed it if nothing was written on it, there's no way I would have signed it.

D/Sgt Cross: Right. Could I ask and if you can't remember, you can't remember, please say so, but is it your recollection that you signed this after the fluids were up and running?

Bridget Swift: I honestly can't remember, I really don't know.

D/Sgt Cross: Ok.

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Solicitor: And there's nothing just for clarity, there's, there's it says date and time  
COMM, but there is no time recorded anywhere on that?

D/Sgt Cross: No. Again for the record what does COMM? What's?

Bridget Swift: Commenced.

D/Sgt Cross: Commenced, date and time commenced. Right. Well can I ask, nurse,  
when did you first become aware of the defect in this bit of paper?

Bridget Swift: It would have from what I can remember, and I'm not a 100 per cent  
sure if I'm right or not, it would have been probably the following week  
when I was brought into the classroom by Mr Fee.

D/Sgt Cross: Right ok. Is there, I mean our nursing advisor, Sue Chapman, said that  
it's commonly the practice, not universal now, but it's commonly the  
practice that when fluids are being set up that one nurse does it and  
another nurse checks it as a sort of a I suppose a belt and braces  
system you know, does that apply in the Erne?

Bridget Swift: Now it does.

D/Sgt Cross: Did it then?

Bridget Swift: No it wasn't common practice.

D/Sgt Cross: Well if it wasn't common practice, was it sometimes done?

Bridget Swift: ...On this night in question I would have got Doctor Malik probably to  
check that the bag with me, I would have said look it there, there is the  
bag. Now we write down the batch numbers of the bags that we are  
using.

D/Sgt Cross: Yes, I heard that, things have tightened up since.

Bridget Swift: Things have all changed, yeah.

D/Sgt Cross: Because again Nurse McManus she would say that she would have  
been concerned by the quantity. She thinks that a 100 mls an hour  
basically open endedly, is very high for a child and...that it was practice  
then that nurses double checked, but it's your recollection it wasn't  
then?

Bridget Swift: No it wasn't, then.



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D/Sgt Cross: Right, now I appreciate to be fair to Staff Nurse McManus she had only come to the Erne about six or seven months earlier, you have been there for years. Well could I ask, Nurse, as you look at this sheet it tells you what to give, how to give it, but it doesn't tell you how much. Is that sort of a document highly unusual in the Erne in the children's ward or is it not uncommon to find that the doctor's have not filled this in properly but you have gone ahead because you knew what to give any way, you went ahead and give it?

Bridget Swift: It is unusual.

D/Sgt Cross: Right, right, well can I ask again, I'm only asking for your opinion, but... you've been there for a long time so you have seen a lot of cases go through and a lot of drips put up. Is it more unusual, well that's not the right way to put it, is it more likely that certain doctors would make an omission like that, than other doctors?

Bridget Swift: It's hard to answer, it's a 50/50 I don't know...

D/Sgt Cross: Well can you recall Doctor Malik doing this in another case?

Bridget Swift: No, not off the top of my head no.

D/Sgt Cross: Right, off the top of your head can you recall Doctor O'Donohoe doing this in another case?

Bridget Swift: No not off the top of my head no.

D/Sgt Cross: Ok...What I have a problem with here is that you set this up and run it and what you're saying nurse is at no stage then did you see the prescription written down, you didn't notice this gap until some days later when Mr Fee brought you in. So you set the drip up and you ran the drip without ever having seen this document. Is that correct?

Bridget Swift: I can't say I've never actually seen the document.

D/Sgt Cross: Other than to sign it?

Bridget Swift: I signed it so obviously I've seen it.

D/Sgt Cross: Right, but when you signed it you didn't spot that this was empty?

Bridget Swift: I didn't notice, no.

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D/Sgt Cross: And I'm pointing to the column that says hours, you didn't see that?

Bridget Swift: I didn't notice.

D/Sgt Cross: Right. And therefore I would have to put it to you... that Doctor O'Donohoe could be telling the truth that he told you... a 100 + 30 30 - 30 but that you got it wrong or set up the 100 and forgot to change it. And you didn't check this to see actually what he meant. Did that happen?

Bridget Swift: Naw it didn't happen.

D/Sgt Cross: Are you sure it didn't?

Bridget Swift: I'm nearly positive. Well if that's how it happened why wasn't it written down.

D/Sgt Cross: ...I accept entirely it should have been written in, there's no doubt about that...but what I'm asking you is, since it wasn't written in why did you go ahead and start a drip at all?

Bridget Swift: Because he was standing the same distance apart as what you and I are. There's nothing wrong with my hearing, I done what he told me to do, he nodded his head when I relayed that message back to him. Doctor Malik was standing down with this side of the fluid balance sheet up and he was writing. Unfortunately I took it in good faith and in trust.

D/Sgt Cross: Right. Can I ask and you again have no direct evidence on this, but obviously you are made aware of this defect when you are interviewed by Mr Fee.

Bridget Swift: To the best of my mm hmm.

D/Sgt Cross: Yes, in the discussions with the other nurses and other colleagues since are you aware if they became aware of this defect sooner than you?

Bridget Swift: I don't know, they've never mentioned it to me no.

D/Sgt Cross: Never mentioned it to you right, fair enough.

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D/Sgt Cross: Have any of your colleagues said to you a 100 mls an hour until urine is passed is what I've often done?

Bridget Swift: They, again they probably have said, because I've said it was normal, it wasn't out of the normal routine.

D/Sgt Cross: Right, right, Rosemary is there any other questions you want to ask in relation to that?

D/Con Hall: No.

D/Sgt Cross: At the top here nurse it says... Patient name, Hospital Number, normally whose duty is it to complete those details?

Bridget Swift: Those details would be the nurse on duty, but never, we had we had never done it before, once you wrote on that side as I said that's the end of that sheet. We didn't fill in those, but again on the new fluid sheets they have to be filled in.

D/Sgt Cross: Right, again this is raised in the opinion that we've got from Great Ormond Street, but I think Sally McManus give the same explanation as yourself. What in fact happens on the ones in Great Ormond Street this is one bit of paper 65-66, so you have Lucy's name on the front of it and what your saying is there is no point in writing the same detail on the back, which is fair enough.

Bridget Swift: On the back too.

Solicitor: Could it ever be separated?

Bridget Swift: No, no they can't.

D/Sgt Cross: They can't be no. Right. Unfortunately the hospital number is not entered, I would imagine that is of less significance once you got the name. Who, I mean do you recognise that writing?

Bridget Swift: ... Nurse McDowell.

D/Sgt Cross: Yes, right I will just carry on here nurse with your deposition. Right until Lucy had passed urine. I'm going back to page 65. At eleven o'clock it says damp under urine, now what does that mean?

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Bridget Swift: That means that the nappy was damp. There was no obvious of say a 100 mls of urine in the nappy, it would have been damp, you couldn't do anything with it.

D/Sgt Cross: Right and that's in the same line as the first fluid prescription or record of the 100/100. I mean does this mean that the fluid was running and she has now passed urine?

Bridget Swift: No that damp could be any where between, where am I, eleven to twelve o'clock.

D/Sgt Cross: Right, ok.

Bridget Swift: There is no breakdown in those hours.

D/Sgt Cross: Yes, right.

Bridget Swift: And the sheets aren't big enough, so all I can say it could be any time between the 10 and the 11 or the 11 and 12 o'clock. Damp is something, what I would call damp you could call wet.

D/Sgt Cross: But it does mean she has passed urine?

Bridget Swift: Yes.

D/Sgt Cross: So...should that not have indicated that the doctor gets called now, because it was 100 mls an hour until urine gets passed and do you recall was the doctor told that urine had been passed?

Bridget Swift: Well I know I didn't tell him...I can't speak for anybody else.

Solicitor: ...Would you have changed her nappy when you have begun a drip so that if there was urine passed you would be into a fresh nappy so that you could tell?

Bridget Swift: No not necessarily, it's not routinely done.

D/Sgt Cross: And we have a record here at 8.00 pm of twenty mls of urine, how would you have collected, how did you know it was twenty mls, excuse my ignorance?

Bridget Swift: No, it's the day staff had put a clear plastic bag, a urine specimen bag, that was the BSU on the nursing, it's a clear bag with the sticky lapels on it that goes on.

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D/Sgt Cross: And that collected the urine?

Bridget Swift: And that collected.

D/Sgt Cross: Right and after that is done then an ordinary nappy goes on?

Bridget Swift: An ordinary nappy goes on.

D/Sgt Cross: And that's the nappy that is damp?

Bridget Swift: Damp, ah ha.

D/Sgt Cross: Well, I mean is it then possible that this urine that's noticed here as damp, that could have been am I right in saying that, that could have been passed anytime after this clear bag is removed at eight o'clockish and eleven o'clock?

Bridget Swift: It could have been, I again I can I would imagine when I didn't write anything in that I didn't change, I put on a nappy there and didn't change it again.

D/Sgt Cross: Right. So this record I mean what you said at the start Nurse was that that damp could refer to any time between eleven and twelve?

Bridget Swift: Hm hm.

D/Sgt Cross: Am I not right in saying that it could refer to any time between eight and twelve? Because nobody has checked I mean am I right in saying that?

Bridget Swift: I can't say whether you're right or you're wrong, all I can say is what I done. As I have written down there it's damp. But in between times I, I honestly can't answer you.

D/Sgt Cross: But I mean Mr McQuillan has asked you know a question which is significant here to be quite honest, because the prescription is 100 mls an hour until urine is passed. So if the child passes urine half an hour after you start the doctor should be told ok. But the only way that you would know that is, number one, if you check the nappy the minute you set up the drip or if you change the nappy. Then you know if this nappy becomes damp, it's damp after the drip is started ok. But that wasn't done, you didn't change a nappy or check it whenever the drip started isn't that right?

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Bridget Swift: ...To the best of my ability I don't honestly believe I did.

D/Sgt Cross: Yeah, therefore when you record damp against eleven o'clock that could have happened before the drip was set up.

Bridget Swift: Well, it could have or it could have happened an hour after it's set up I honestly don't know.

D/Sgt Cross: No that's fair enough.

I appreciate you don't know, but I'm just trying to cover what that possibly could mean. Now would you know for instance at eleven o'clock a damp nappy is recorded would that nappy have been changed at that?

Bridget Swift: I can only assume it was changed.

D/Sgt Cross: Right and am I right in saying that from that point on there is no record of any urine?

Bridget Swift: Well...there is no record of it.

D/Sgt Cross: Yeah, I'm just going to speak to Rosemary here, would you check Mrs Crawford's deposition to see what she says about nappies, I think she may have some comment to see if it has any relevance. And again ... do you recall if any of the doctors ever contact you after you set the drip up to see if urine had been passed?

Bridget Swift: To the best of my memory no.

D/Sgt Cross: Ok, Doctor O'Donohoe tells you 100 mls per hour until urine is passed and you say that would have been the prescription in other cases. Now in your experience in other cases once urine was passed what did the doctors do to the fluid prescription?

Bridget Swift: I can't give you a definite what they would do, but I can only tell you what they might do, they'll either say leave it running at the rate it's running until we get a blood result back or they'll say reduce it and you reduce it what they tell you to reduce it by.

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D/Sgt Cross: I'm still, I'm not saying this is your fault at all or that you're liable here, but if the doctor says 100 mls an hour and that's a highish rate until urine is passed, there was really nobody whose job it was to check for urine, it was sort of generally left there with all the nurses on the ward, is that correct?

Bridget Swift: Again that is hard to answer as I have said there is no allocation.

D/Sgt Cross: Well could I ask you since the doctor said to you 100 mls an hour until urine is passed is it then your job to check for urine on a regular basis?

Bridget Swift: It is something that you would automatically do with any child in a nappy you wouldn't leave them in the one nappy the whole night long. You would automatically check them to see if they were damp or wet or soaking or whatever.

D/Sgt Cross: Yeah and do you recall checking Lucy then from this damp nappy afterwards?

Bridget Swift: For me I would have seen Lucy up until twelve o'clock after that I wouldn't have had any contact with Lucy whatsoever. So I would say if I done it at eleven o'clock I never got back to Lucy again.

D/Sgt Cross: Right and why did your contact with her end at twelve?

Bridget Swift: Because I was seeing to another patient who was in a side room who was very ill at the time and most of my night was spent in that side room.

D/Sgt Cross: Well then; nurse, at half tenish we'll say Doctor O'Donohoe says 100 mls an hour until she passes urine and you're in a sense removed from her care at midnight, one and a half hours later. Who else on the ward knew to check for urine and tell the doctor once it was passed?

Bridget Swift: Well as I says as I have already stated I said to Nurse Jones as I was coming out of the treatment room 100 mls number 18 100 mls until she has passed urine.

D/Sgt Cross: Right, would Sally have known?

Bridget Swift: I, I can only assume that she would have known.

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D/Sgt Cross: Right, would Teresa have known?

Bridget Swift: Teresa may have known and I'm saying maybe because from what I can remember Teresa was on duty as a nursing auxiliary that night not as an actual nurse. I could be wrong in saying that but that's what I was aware of.

D/Sgt Cross: I think she was an enrolled nurse, is that different from an auxiliary?

Bridget Swift: It is yeah, an auxiliary has basically no nursing, but even though she is an enrolled nurse I think she was employed that night as, as one of the auxiliaries. I'm I can't be a 100 per cent sure.

Solicitor: But she's essentially doing?

Bridget Swift: Auxiliary working, yeah.

D/Sgt Cross: I know she was very very new to Paediatrics, if it wasn't her first night on it was very near it. Right so it's your expectation that Thecla Jones was aware of the prescription in relation to, to Lucy?

Bridget Swift: Yeah she would have got a.

D/Sgt Cross: Sally, you assumed she was?

Bridget Swift: Well she must have been if she was able to write it all down, she had to be aware.

D/Sgt Cross: Yes although she only wrote it all down after the deterioration, she may have been told it then if you know what I mean, not before it. Right, you have said, nurse, here in your deposition this was approximately 2245 which is a quarter to eleven and after this point you had no direct contact with Lucy. Do you recall, because I think you just said midnight at least that was my understanding, do you recall exactly what time you were removed from contact with Lucy?

Bridget Swift: ...What I would class as hands on contact, would have been shortly after I brought her into the medical side cubicle six. From what I can remember I was there, I can't be one hundred per cent sure but I think I was there when she had the vomit and I presume if I was there I would have helped out to tidy her up, clean her up.



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D/Sgt Cross: Yeah, yes.

Bridget Swift: But from my recollection after that as I have said in the statement, I had no further...hands on dealings with her anyway.

D/Sgt Cross: Right. If you were with other patients for the succeeding period, did you at any stage ask Thecla if Lucy had passed urine or if she had checked if she had passed urine?

Bridget Swift: I, I think when I asked about the bowel motion, I was told it was large, it was, it was foul smelling and I honestly can't remember if it Teresa or Thecla or who said, I honestly can't remember, there was probably a combination of bowel motion plus urine, that was only a guess.

D/Sgt Cross: Right, that was really at a quarter to three in the morning, which is really at the same time just before her seizure of whatever type that was?

Bridget Swift: Hm hm I was in the side room when Nurse McCaffrey came and said she had a large bowel motion. I didn't see it, but I don't know...when it was spoken about or if it was spoken about on that night or weeks down the line, I'm not 100 per cent sure.

D/Sgt Cross: So you don't recall any nurse mentioning urine being passed after this damp nappy nor do you recall any doctor asking about it?

Bridget Swift: Not that I can remember, no.

D/Sgt Cross: And I'm showing you here, Nurse, page 75, this is an observation sheet dated 12<sup>th</sup> of the fourth 00, although it runs on into the next morning ... and this relates to Lucy Crawford, who is in Children's Ward and we have an entry here at 1930, is that your handwriting?

Bridget Swift: No that's not my handwriting.

D/Sgt Cross: Ok and 2030 is that your handwriting?

Bridget Swift: That's my handwriting.

D/Sgt Cross: That's your handwriting and you have recorded 38.7 as her temperature?

Bridget Swift: That's right.

PERSON INTERVIEWED: BRIDGET GERALDINE MARY SWIFT

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D/Sgt Cross: And what does this mean in brackets?

Bridget Swift: That is Axilla under the arm.

D/Sgt Cross: Under the arm right, ok and BM36 millimols.

Bridget Swift: BM3.6 millimols.

D/Sgt Cross: 3.6 that's?

Bridget Swift: That's within the normal range of her blood sugar.

D/Sgt Cross: Of her blood sugar and paracetamol 120 milligrammes PR ... per rectum.

Bridget Swift: Per Rectum yeah.

D/Sgt Cross: Right and that then indicates that at half, half eight, which is shortly after you took over, you had measured her blood sugar and her temperature.

Bridget Swift: That's right.

D/Sgt Cross: Well, can I ask why did you measure those two things?

Bridget Swift: Well number one, obviously she had a temperature prior to me coming on. I was also told that she had Calpol at six o'clock so I was checking to make sure it hadn't gone up. Her temperature hadn't gone up.

D/Sgt Cross: Her temperature hadn't gone up, right.

Bridget Swift: That's why I would have done her temperature and because we were told that she had vomiting and diarrhoea I probably done a BM just to make sure that her BMs, her blood sugar's within the normal limit.

D/Sgt Cross: Right ok and what would the reason be for not recording or not doing the other three things listed here, there's a pulse, a BP for blood pressure I take it?

Bridget Swift: That's right.

D/Sgt Cross: And this is respiration rate?

Bridget Swift: That's right.

D/Sgt Cross: Right, eh, why would they have, why is there no figures against them?

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Bridget Swift: Well, I don't know, where, why here, I would just imagine they weren't written down, but again you would need the top of her other nursing Kardex.

D/Sgt Cross: This is at 1930?

Bridget Swift: Yes.

D/Sgt Cross: Yeah, well fair enough you're not responsible.

Bridget Swift: No.

D/Sgt Cross: For that at all, so what about the next line against 2030?

Bridget Swift: Well obviously her temperature, because it was high and it had been high, I was just checking her temperature.

D/Sgt Cross: Right, but none of the other things were checked then at that time?

Bridget Swift: Not, no I've nothing written down, so I can assume I didn't do it.

D/Sgt Cross: Right and at 2230 is this your writing?

Bridget Swift: That's my writing, yeah.

D/Sgt Cross: And then you recorded her temperature the same way under her arm at 38.3?

Bridget Swift: That's right.

D/Sgt Cross: And at 2330 is this your writing?

Bridget Swift: That's my writing yeah.

D/Sgt Cross: At 37.4 under the arm again?

Bridget Swift: Ah hah.

D/Sgt Cross: And you did a respiration rate?

Bridget Swift: Ah ha.

D/Sgt Cross: As 26?

Bridget Swift: That's right.

D/Sgt Cross: And you've recorded she is asleep?

Bridget Swift: Ah ha.

D/Sgt Cross: Could I ask again you know why did you do respiration there?

Bridget Swift: I honestly can't tell you, I don't know.

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D/Sgt Cross: Right and am I right in assuming, nurse, that the system that operated on the ward didn't name a nurse to look after, it basically left it open for all the nurses on duty to make these records?

Bridget Swift: Ah hah.

D/Sgt Cross: Not just you?

Bridget Swift: Not just me no.

D/Sgt Cross: But you're the only one that took any of them?

Bridget Swift: Aye. As I say there is no allocation at that time.

D/Sgt Cross: You see I would have to say that confirms to me that whenever it's left open for everybody to do it, nobody does it. Or it's not done right, do you know what I mean?

Bridget Swift: Yes ah ha.

D/Sgt Cross: Because I'm in a similar situation in our unit you see, where we would have maybe say 350 incidents in a year to investigate and if I just leave it for the office to investigate nothing would be done on any of them, and it's not because they are lazy, but everybody would assume somebody else is doing it, you know what I mean. So if a rape comes in tomorrow, I would say Rosie you're dealing with that and if things aren't done that should have been done it's her fault... Do you know what I'm saying?

Bridget Swift: Yes ah ha.

D/Sgt Cross: And to me this confirms it, now and it's in your favour I will accept that something was done, but nobody else did anything. Am I correct in saying that?

Bridget Swift: Well that's the way it looks yeah.

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D/Sgt Cross: Well in your experience now, is it possible that another nurse came along and I know you can't give evidence in this, I'm just asking you for your experience, you've been there for seventeen years, is it possible that you would go round the wards, you would go round the children and you would actually take a temperature and you would do a pulse, but if they're normal and it's not alarming you wouldn't bother writing it down and just go on to the next one?

Bridget Swift: Naw, if I do a temperature and pulse I write it down.

D/Sgt Cross: Right and in your experience would other nurses have the same attitude as you there. If they did it it's recorded?

Bridget Swift: I would imagine so, I don't know, I would imagine so.

D/Sgt Cross: Right, right and the 3.15 are these your records as well?

Bridget Swift: That's my writing, yeah.

D/Sgt Cross: Right, that is that's a pulse?

Bridget Swift: That's a pulse.

D/Sgt Cross: That's a blood pressure?

Bridget Swift: No that's an oxygen saturation.

D/Sgt Cross: Oxygen saturation 98 per cent?

Bridget Swift: Hm hm.

D/Sgt Cross: And the blood sugar.

Bridget Swift: Yes ah hah.

D/Sgt Cross: 13.6 and what's this last figure?

Bridget Swift: That's a blood pressure.

D/Sgt Cross: Ok well can I ask you nurse is it possible that other nurses took these observations but recorded them somewhere else?

Bridget Swift: It's possible but I don't know.

D/Sgt Cross: And where would that I mean, you mentioned the Kardex, that some of these may have been done?

Bridget Swift: Hm, hm.

PERSON INTERVIEWED: BRIDGET GERALDINE MARY SWIFT

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D/Sgt Cross: Is, is the Kardex only for the initial admission or could they have written it in the Kardex later on in the night?

Bridget Swift: They could have written it into the Kardex to hand over their report the next day to say at such a time such a thing was such a thing because you can't have every child's charts in the office when you are handing over a report.

D/Sgt Cross: Is Kardex the same as the nursing progress report?

Bridget Swift: Yes ah ha.

D/Sgt Cross: ... That's page 57 we are coming to now.

Tape ended.