

**SUMMARY OF TAPE RECORDED INTERVIEW**

TAPE REF NO:	PERSON INTERVIEWED:	BRIDGET GERALDINE MARY SWIFT
LDV 37/05	ADDRESS:	[REDACTED]
Master Tape	DOB:	[REDACTED]
Seal Number(s):	PLACE OF INTERVIEW:	PSNI, ENNISKILLEN
T112321A	DATE OF INTERVIEW:	01/03/2005
	TIME COMMENCED: 1639 HOURS	TIME TERMINATED: 1723 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 1639 and we'll continue the interview. Just to confirm that it's still the same four people in the room and, nurse, the caution still applies and if I could just get you to confirm that I didn't ask you any questions about this while the tapes were off?

Bridget Swift: That's right.

D/Sgt Cross: Nurse... there are significant numbers of gaps in the observations that were taken for Lucy and we suggest that it is possible that some would have been written on the Kardex... which we are now looking at and this is page 57. Now from what you see here are there such things recorded here - what I would class as observations.

Bridget Swift: Yes we have her temperature there for 8.40, you have her blood sugar recording there, that would be observation as such, you have urinalysis ticked there, so I presume on the top of this sheet with Lucy's particulars her urinalysis.

D/Sgt Cross: Is that top of it?

Bridget Swift: Naw it would be a the far end of that again. Yes yeah ... that's my writing there, so obviously mine was the first to keep.

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D/Sgt Cross: Ok and the fact that that's ticked means that it was done then?

Bridget Swift: It was, yes it was done and the specimen was received or.

D/Sgt Cross: Ok, right and I see there is a temperature for instance there now at 38.6, I mean is there anything to tell you there at what time that was done at?

Bridget Swift: No. But to me that would be the first temperature done when the child was admitted to the ward.

D/Sgt Cross: Right. 38.6 that relates to that then, and then there is another, there is another temperature recorded. That 39.2 is not on this observation sheet. Am I right in saying that, 39.2 doesn't appear anywhere there?

Bridget Swift: That's correct yeah.

D/Sgt Cross: So there was another temperature done, I mean if the doctors wanted to check the change in condition is this document readily available to them?

Bridget Swift: Oh yes ah ha.

D/Sgt Cross: Right and where would they find that?

Bridget Swift: In the office.

D/Sgt Cross: And where would they find this, the observation sheet?

Bridget Swift: Usually at the bottom of the patient's bed...

Some further discussion ensued regarding observations around the time of Lucy's seizure.

D/Sgt Cross: ...Right well again nurse you know no matter what other nurses didn't do, you have recorded these temperatures, did you not think when you were taking the temperature that it would be important to take a pulse?

Bridget Swift: Yeah, all I can say is I don't know why I didn't, I didn't do it, I don't know why I didn't write it down if I did do it.

D/Sgt Cross: Right and a blood pressure at the same time...when you are doing the temperature to record her blood pressure?

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Bridget Swift: Yeah but you wouldn't record a blood pressure on every child that comes into the ward.

D/Sgt Cross: Would you not?

Bridget Swift: No.

D/Sgt Cross: Right a child with gastroenteritis then would blood pressure be normally taken or is that the exception?

Bridget Swift: It can and it can't be...

D/Sgt Cross: Right.

Bridget Swift: Normally on admission you would do the whole lot as a base line...

D/Sgt Cross: Yes, and what about respiration, is that normally taken as routine or not?

Bridget Swift: It is because you can see on the front part of the Kardex its pulse, blood pressure, respiration and temperatures.

D/Sgt Cross: Right and why would that not have been taken bar at 2330?

Bridget Swift: On admission I don't know I can't answer that.

D/Con Hall: Is it possible because her temperature was going down that you didn't feel the need to do anything else?

Bridget Swift: Again I can't answer you, I don't know, I mean her temperature didn't go down from there.

D/Sgt Cross: Can I ask then, do you recall taking these or are you just acknowledging you took them because of the record?

Bridget Swift: Eh I'm acknowledging I took those - now those ones until I'd seen the sheet, I didn't I don't remember doing and as I, I thought my hands-on was away up around this area at this time.

D/Sgt Cross: Sorry what what do you mean by that?

Bridget Swift: That, that my hands on that I actually didn't put my hands on her, if you know what I mean. I didn't put my hands on to check her pulse; I didn't put my hands on to put machines on her. I honestly don't remember, but up until this time, this would have been in the treatment room, so it was me.

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D/Sgt Cross: Yes, but then clearly... you did have contact with her, I mean your deposition says at approximately 2245 you had no direct contact with Lucy, but 45 minutes later you did have at this stage.

Bridget Swift: Yeah well that's what I said, you know up until you see that you didn't recall that and even in the Coroner's Court that was my...

D/Sgt Cross: This wasn't raised in the Coroner's Court?

Bridget Swift: No that wasn't raised but if I hadn't seen that I still would have said no at that time, that was it, I had no more to do.

Solicitor: Could you have written these down for other people, could they have shouted out to you her temperature is?

Bridget Swift: Well it's possible, but I honestly can't recall as clear as I can recall a lot of other things, that I even went to put on the monitor on her or a BP machine, I honestly can't remember doing it. I mean it could have been done and called out and I says right give it to I'll write it in, I don't know, I honestly can't answer.

D/Sgt Cross: Well, am I right in thinking that is quite possible for the 3.30 because they are into resuscitation here, there's a crisis and it could be that somebody is doing this and calling it out, but it wouldn't be likely at 2330 because there is no drama here.

Bridget Swift: No.

D/Sgt Cross: This is purely routine at 2330?

Bridget Swift: Yeah I could have written it in, I could've I don't know I honestly can't answer you. Well I could have written it in and not done it, but I just couldn't be 100 per cent sure.

D/Sgt Cross: Yes, so at 2330 you have gone to Lucy's bedside?

Bridget Swift: Again I can't remember doing it, but go on.

D/Sgt Cross: And taken her pulse or her temperature sorry and her respiration?

Bridget Swift: Again I honestly can't remember doing it. As I said I would have in my mind it was long before that when I, just thought of not as I say writing it down and I had no further dealings with her.

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D/Sgt Cross: Yeah now, you of all people are aware that the fluids are now running for an hour at this stage and you are aware that the urine is going to change the prescription, once she passes urine, do you recall did you check for urine at this stage at half eleven, at the same time.

Bridget Swift: Well then if I have written on the fluid balance sure I thought that she was damp between eleven and twelve or was it half eleven.

D/Sgt Cross: It could have been.

Bridget Swift: Again I don't know.

D/Sgt Cross: Right, ok, well if you had checked her for damp nappy at half eleven and found it was damp ok. Would you have phoned the doctor and said she has passed urine?

Bridget Swift: I'd say my first thing I would have done I would have reported it.

D/Sgt Cross: Who to?

Bridget Swift: Well either to nurse Jones or to nurse McManus. Again I'm not 100 per cent sure if I did or I didn't. I can't remember.

D/Sgt Cross: Right and why would you have told them?

Bridget Swift: Because they are senior.

D/Sgt Cross: Right, is nurse Jones senior to you?

Bridget Swift: Yeah.

D/Sgt Cross: Well on what basis?

Bridget Swift: On, on her qualifications, she wouldn't be there as long as I was there before she came.

D/Sgt Cross: But she is paediatrically trained?

Bridget Swift: Yeah, she is paediatrically trained, I'm not.

D/Sgt Cross: But I'm right in assuming the fact that the fluid chart still records a 100 for the hours thereafter, there was no change made to the prescription?

Bridget Swift: Not that I'm aware of, no.

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D/Sgt Cross: Yeah, ok and another thing, nurse, there is an absence of a care plan in relation to Lucy. Now I understand there ought to be a care plan for every patient, the day staff say they didn't do one because they were quitting, basically she only comes in at half seven and they're going off almost immediately. Did you hear any discussion amongst your colleagues about a care plan for Lucy when you took over?

Bridget Swift: No. Again from what I can remember, no.

D/Sgt Cross: Right. Whose duty would it have been on the ward that night to draw up a care plan?

Bridget Swift: Again I can only go by what we do is, we take out your paperwork, if you're told a child is coming in, say breathless, you take down your care plan for breathlessness or cough and a wheeze. You take all with you when you're setting up for your admission.

D/Sgt Cross: What do you mean you take down your care plan?

Bridget Swift: On our ward all our paperwork is in an area like, like pigeon holes and you take down what you want from those pigeon holes, your care plans and they are all labelled, 1 for vomiting, 1 for diarrhoea, 1 for high blood sugars, you take one of each with you.

D/Sgt Cross: Ok, so they are basically proformae, they are already done in advance?

Bridget Swift: They are pre-printed yes.

Solicitor: This is on admission you're saying, when you are admitting somebody you get everything you need?

Bridget Swift: When we are admitting somebody, we're told say there's a child comes in, five year old child, coming in with vomiting and diarrhoea at that stage you would have gathered up your paperwork what you see here in front of you and you would have went and took your care plan down for vomiting and diarrhoea. But then again you're told that your child... might come in and they mightn't had vomiting diarrhoea in 48 hours...

D/Sgt Cross: Well, did you feel it was your job to do this?

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Bridget Swift: I didn't feel that it... was my place or anybody else's place, it should have been done.

D/Sgt Cross: At admission.

Bridget Swift: Obviously you are telling me it wasn't.

D/Sgt Cross: Yeah.

Bridget Swift: Well I can only go by, that's the way I would have done it but that's me.

D/Sgt Cross: Yes, and of all that we have discussed here, you know of the things that were done and not done, if there had been a care plan would it have changed anything?

Bridget Swift: Personally no.

D/Sgt Cross: Right, why is that?

Bridget Swift: Because if you take out a care plan and it's numbered say from 1-10 for various different things... you tick them off as you're doing them or you just discontinue them because they don't apply to the age group.

D/Sgt Cross: Ok right.

Bridget Swift: Children is very hard, because you have so many things you take out and you put in. From what I can recall I know we had a high number of children that night, I can't remember how many, but I know there was a higher number than normal. You've got 28-48 hours to sort out a care plan. There is no rule saying it has to be done the minute the child walks into the ward... or the person coming on the next shift might do one out.

D/Sgt Cross: ...Apart from this contact at 2330... you're saying ... from about a quarter to eleven onwards, you had very little, initially maybe none, but now it's very little, hands on with Lucy, because you were dealing with other patients.

Bridget Swift: From a quarter to eleven or quarter to twelve?

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D/Sgt Cross: Yes well it says this was approximately 2245. Mrs Crawford and Lucy's sister came into the cubicle, this was at approximately 2245 hours and after this point I had no direct contact with Lucy. That was it. Who were you with from then on, do you recall and specifically were you with Doctor Malik at any stage?

Bridget Swift: Again no, not with the patient I was with.

D/Sgt Cross: Right were you removed from Lucy's care largely to deal with the one patient specifically?

Bridget Swift: No, no. I was to deal with all the other patients, but this one patient was sick at the time.

D/Sgt Cross: Doctor Malik I understand if we get to interview him will say that he made three further admissions that night and that basically removed him from dealing with Lucy... Have you any comment on that, are you aware if that's true or false?

Bridget Swift: I can recall one admission.

D/Sgt Cross: Right.

Bridget Swift: Because we put that one admission into cubicle 6, where Lucy had been. So he would have been there to see that baby...

D/Sgt Cross: But you weren't dealing with him; you had no contact with him in relation to that child?

Bridget Swift: Not that I can remember, no.

D/Sgt Cross: And did you recall at any stage did he stop you on the ward and say how's the fluids going with Lucy?

Bridget Swift: No.

D/Sgt Cross: Or has she passed urine?

Bridget Swift: No, nothing, no.

D/Sgt Cross: Right or did he telephone you at all to check that?

Bridget Swift: No. Not that I can remember no.

D/Sgt Cross: Right do you recall did Doctor O'Donohoe phone in at any stage to check with you that the fluids were going right?



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Bridget Swift: I can't remember speaking with him that night.

D/Sgt Cross: Ok... I am not a nurse or a doctor, it occurs to me strange that since other people will say that 100 mls is very high, I would expect that because that hasn't gone into her gut, this is going into her blood directly, so after 3 hours say for a child of that size she has got a lot of fluid 300 mls. I would have to be asking where is it all going to? You can't just dilute her blood endlessly. Why is she not passing urine? And all we have is quite early on, between 11 and 12, a damp nappy, it's not wet, there's not a lot of urine being passed, yet 300 mls have been run in. Did anybody ever question that - where is all this fluid going to? Why is she not passing urine?

Bridget Swift: Well as I stated with the diarrhoea you have no guarantee that it is all diarrhoea, you don't know, you have no way of testing it whether it's a mixture of urine plus diarrhoea...

D/Sgt Cross: Now that was well on, that was at a quarter to three in the morning isn't that right?

Bridget Swift: Yeah...

D/Sgt Cross: ...It's at a quarter to three. Yeah, "at 2.45 am I was attending another patient. Staff nurse McManus and sister Edmondson came onto the ward and came to speak to us in the side room. Teresa McCaffrey came and told us Lucy had a large bowel motion". Is that what you're referring to?

Bridget Swift: Yes.

D/Sgt Cross: So that's at a quarter to threeish, so you see the fluids have now been running from half ten to half two we'll say. That's a lot of fluid and did nobody ask where is all this going?

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

D/Sgt Cross: Aye well, well you could speak you know - I'm asking you did anybody ask you?

Bridget Swift: Oh to me, no, no.

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D/Sgt Cross: And certainly, did the doctors ask you about urine?

Bridget Swift: To the best of my remembrance, no.

D/Sgt Cross: Right, is there anything else you want to ask in relation to this?

D/Con Hall: Nothing only 2.15 she had a large bowel movement and urine sample.

D/Sgt Cross: Ok that's fair enough that broadly speaking, agrees with this although Mrs Crawford is saying that the large bowel movements was half an hour earlier, but that as far as I'm concerned that's not an issue really.

D/Sgt Cross: I'm...going to finish with those notes, nurse. Is there anything else that you want to say in relation to the records and observations and fluid, that occurs to you as being relevant?

Bridget Swift: That's a hard question to answer when after the effect you know, I suppose beforehand I would have said well that's the way it's done, that's the way we've always done it. But now you know now it's, it's different.

D/Sgt Cross: Well I think you know when decisions have to be made on this they can't be made on the basis of what's done now, do you know what I mean.

Bridget Swift: Yeah I, I understand that but it's hindsight.

D/Sgt Cross: Well I appreciate that, but...judgments can only be passed on what was commonly done and what was the knowledge in April 2000, because clearly knowledge changes, so I'm interested in what was being done on the ward then and you have already, I think, stated your case there - that fluid would have been used, those quantities would have been prescribed until urine is passed, would have been done for other children and there was no named nurse for every child. To me those are the significant things. It was broadly left to the staff on duty to see to every child on the ward without a formal...detailing of individual nurses. What I want to do and you will have to be patient with me is to go through Sue Chapman's report...It's very lengthy but there's not much of it that I will have to put to you.

Solicitor: Sorry, who is Sue Chapman?

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D/Sgt Cross: She is a Nursing Consultant in Great Ormond Street, we only engaged a doctor and a nurse basically to review the notes and give us advice as to what is good and what was bad, what's right and what's wrong.

D/Sgt Cross: Now Miss Chapman makes the point that it's good practice to check hourly the rate of infusion and to record on the fluid chart the actual amount of fluid infused... You have already answered that I believe by saying at that time...you set the machine to give an amount. It didn't tell you how much it had given.

Bridget Swift: Yeah.

D/Sgt Cross: I think I understand that. Do you recall, nurse, at that time...would it... have been done at all on the ward, to set up two separate fluids to be run in for a child like this?

Bridget Swift: No it wouldn't have been a common.

D/Sgt Cross: Right you recall where that issue that came up at the Inquest you know, where they said possibly number 18 solution was ok for maintenance, but to recoup the losses that she had suffered through dehydration, it was very much the wrong solution, it should have been something like normal saline or half normal. It certainly should have been more concentrated. Were you there for the whole Inquest to hear all that?

Bridget Swift: Yes. We would have been there for that bit.

D/Sgt Cross: Ok so you heard that?

Bridget Swift: We weren't there for the last day.

D/Sgt Cross: Ok so you're telling me that at that time normally just one bag was put up?

Bridget Swift: That's it. For that condition.

D/Sgt Cross: For that condition, yes, for Lucy's situation.

Bridget Swift: Yeah, yeah for that condition - just one bag.

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D/Sgt Cross: You also recall at the Inquest there was a discussion as to who calculated how much she was dehydrated, who calculated how much to give her, now there's no calculation written anywhere and you have already said you don't recall Malik or O'Donohoe discussing any degree of dehydration?

Bridget Swift: Not that I can remember, no.

D/Sgt Cross: Ok and did you hear them discuss a rate on the basis of her body weight?

Bridget Swift: Not that I can remember, no.

D/Sgt Cross: There was a review carried out by Mr Fee and Doctor Anderson into Lucy's situation. Are you your aware of that?

Bridget Swift: No.

D/Sgt Cross: If I can just show you it here... But this is a review of the late Lucy Crawford case... This review into the care and progress of Lucy's condition was conducted by Doctor Anderson, Clinical Director and Mr Fee, Director of Acute Hospital Services... Do you recognise this document?

Bridget Swift: I never seen it.

D/Sgt Cross: I'm not saying you should, to be honest... I don't want you to get alarmed. Did you see this?

Bridget Swift: I never seen it, no.

D/Sgt Cross: You see here, where they say the main issues identified... are the need for clearly documented prescriptions for IV fluids and the accurate documentation of the fluid administration. Do you recall those issues being specifically addressed with you... by way of training and advice for the future?

Bridget Swift: No.

D/Sgt Cross: No, well can you say they weren't raised with you?

Bridget Swift: I do not remember them ever being raised with me.

Solicitor: Are you talking about after this incident?

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D/Sgt Cross: Yes.

D/Sgt Cross: ...The Trust here seem to be saying that one of the difficulties that gave rise to the deterioration was a failure in documentation. Now you were part of that, if you know what I mean, not that you didn't write any the prescription down, but that you proceeded without [one] having been written. And therefore if the Trust were taking it seriously it appears to me that it should have been addressed with you. And you say you've no recollection of that?

Bridget Swift: No.

Solicitor: You have not had any training about documentation, filling in those sheets that we've seen here today, since this incident, you've not been retrained or refresher training or anything?

Bridget Swift: No, nothing at all.

D/Con Hall: When you were saying... Bridget, that you now write down batch numbers of the drips, was that as a result of...

Bridget Swift: ...It wasn't a result of this case from what I can remember. It was just another way of proving that you used that bag and that was the batch number...

D/Con Hall: So it had nothing to do with this?

Bridget Swift: Not that, No, I don't think so.

D/Sgt Cross: And, Breige, you mentioned that Mr Fee took you aside at some stage about a week after and that was when this defective fluid prescription was drawn to your attention. Could you tell me a bit about that, what did he want to talk to you about, why?

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Bridget Swift: Well I can't answer why for him, all I know, I think it was the either the Monday or Tuesday I came off night duty, I was off the Saturday/Sunday night and came back on I think on the Monday on day duty. I honestly can't remember if it was the Monday or the Tuesday but he was in... what we call the classroom, and Sister Traynor came down the ward and says Mr Fee wants to speak to you, he's in the classroom, I went in and it was whose writing was this, this and this. Are you aware it's added up wrong? Well I had to sit and look at it, because and I turned it over and he says and that there. I looked and then I thought oh right, you know there, there was no mls per hour. But that was it, he says where's your statement and I had only written it out rough after getting up from night duty and it was rough and I says I haven't, I've written it out rough but that's all I've done. And he says well make sure you get it done.

D/Sgt Cross: And what did he mean by a statement?

Bridget Swift: A statement of what happened that night.

D/Sgt Cross: Right ok, that's different to the deposition for the Coroner's Inquest then.

Bridget Swift: It was the same statement.

Solicitor: It was turned into your deposition?

Bridget Swift: It probably was. Sorry I don't know, it was the same.

D/Sgt Cross: Well could I ask then, because the Coroner's Inquest came years later? Were you asked to do another statement for that?

Bridget Swift: No.

D/Sgt Cross: So your deposition had to be based on the first one then?

Bridget Swift: Yeah.

D/Sgt Cross: Ok right, well did Mr Fee or Doctor Anderson or anyone on behalf of the Trust or Management interview you or question you any further about what you thought had gone wrong or right on the night in relation to Lucy?

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Bridget Swift No.

D/Sgt Cross: Right has anyone addressed with you the specific issue that in future you should not set up a drip at all unless the prescription is fully written out?

Bridget Swift: No, nobody has made any comment whatsoever.

D/Sgt Cross: ...Did you make any other personal notes in relation to this at the time or immediately after?

Bridget Swift: Personal notes, no.

D/Sgt Cross: ...There is a letter that it's written by Doctor O'Hara who was the Pathologist...and he highlights that at the time there were difficulties in relation to Lucy's death that appeared to him would lead to litigation. Do you remember any conversations like that about the hospital?

Bridget Swift: No.

D/Sgt Cross: ...And did anything appear to you to be so unusual about this at the time, that you thought there are difficulties here, this might end in law?

Bridget Swift: I never would have thought that because that's just not the frame of mind I would have gone down.

D/Sgt Cross: What have you to say, Nurse, about Doctor O'Donohoe saying that he actually told you 100 mls for one hour and 30 mls thereafter?

Bridget Swift: All I can say is what I've already said; he didn't say that to me, he told me 100 mls until she passed urine.

D/Sgt Cross: Are you absolutely certain of that?

Bridget Swift: I am positive of that.

D/Sgt Cross: Is it possible that you got it half right, that you got the 100 mls right, but forgot to change the setting and so you set it right for one hour, but you got distracted by other patients etc and it was just left running at that?

Bridget Swift: But you couldn't do that with those machines, whatever you set it that's the way it stayed, you couldn't, you couldn't change it you would have to go and manually change it, and I had no reason to go and change it.

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D/Sgt Cross: But if he says 100 mls an hour for one hour and then 30 am I right in imagining that you would have to go to that machine after one hour and change the setting now to 30?

Bridget Swift: Yes that's correct, you would have to.

D/Sgt Cross: You couldn't programme it in at the very start for 100 mls for one hour and then 30 for the next hour?

Bridget Swift: No. The machine in we're talking about wasn't manufactured that way. It only took what you put into it.

D/Sgt Cross: Well is it possible that you got it right at the start, you programmed it right for the first hour, but got distracted and forgot to go back and change it to 30 mls?

Bridget Swift: No. I wasn't told to do that.

D/Sgt Cross: Right.

D/Sgt Cross: ...Well have you any comment to make on Doctor O'Donohoe writing on the notes that what he told you was 100 mls an hour and then 30 mls?

Bridget Swift: I didn't know, I didn't realise he had anything written on the notes for a long, long time, maybe years down the line. I didn't know what he had written.

D/Sgt Cross: Have you seen what he wrote?

Bridget Swift: It's a long time ago since I seen it.



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D/Sgt Cross: Bear with me. What we have here now this is a belated entry, he would admit this himself, this is made on the 14<sup>th</sup>, so...you were dealing with her largely on the 12<sup>th</sup> and then early on the 13<sup>th</sup> she goes to Belfast and then the following day, Doctor O'Donohoe was writing in the notes and he says yesterday Doctor Peter Crean, rang from the Paediatric Intensive Care Unit in Belfast to enquire what the regime was that Lucy had been on. I told him a bolus of 100 mls over one hour followed by 0.18 per cent Sodium Chloride Dextrose 4 per cent at 30 mls an hour. He said he thought that it had been the same fluid at 100 mls per hour, my recollection was of having said a bolus over one hour and 30 mls an hour as above. So you know a day or more later Doctor O'Donohoe is clearly writing down something very different to what your recollection is. Have you anything you want to say about that?

Bridget Swift: I couldn't say it. He said a number 18 at a 100 mls an hour until she passed urine that was it.

D/Sgt Cross: Are you aware that the other...doctors at the Inquest said that...would have always been very wrong for any child like Lucy? Do you recall them saying that?

Bridget Swift: I can vaguely, yes. I remember the specialist from the Royal yes.

D/Sgt Cross: And also Sumner and Dewi Evans, the Welsh man and the English man, right they said the same. And you see I mean, Doctor O'Donohoe might come to me and say I'm a Consultant Paediatrician I wouldn't

D/Sgt Cross: make a mistake like that, you know it's three times too much, there is no way I could make that mistake, but are you telling me that he would have prescribed the same thing for other children and you're aware of that?

Bridget Swift: Yes. As I've said it again verbally said to me on the Friday night and on the following week. And if it was never prescribed before why would we all accept it.

PERSON INTERVIEWED: BRIDGET GERALDINE MARY SWIFT

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Tape Times:

Solicitor: Well just to be clear he is saying that he made the instruction...for of 100 mls to be prescribed for one hour and for it then to be reduced after that period of time. So he is saying that he did the 100 mls being a large level being a surprising level, he's confirming he did, even on his account prescribed a 100 mls initially anyway.

D/Sgt Cross: Uh huh. Some of your colleagues would say that that is a very high amount and they wouldn't consider it standard practice. Are you adamant, it was well not standard but that it did happen in other cases?

Bridget Swift: It did happen.

D/Sgt Cross: Right was there any discussions on the ward afterwards about this by way of team briefings or counselling or anything like that?

Bridget Swift: It wouldn't have been a long, long time after it. I know when we came on the Friday night we were just told that the machine was turned off - Lucy had died, that was it. There was nothing more...there was no further discussion apart from that Tuesday...in the August time we were told there was going to be a Coroner's Enquiry, we were going to have to attend and we were going to get a summons, but there was nothing in between.

D/Sgt Cross: It's 1723 I'm afraid we will have to take a break there.