

STATEMENT OF: DAVID WEBB CONTINUATION PAGE NO: 9

Review of Investigations*Cosby Page*Blood results

	October 21	22nd	23rd	23rd
Sodium	132	121 122 121	139	152
Potassium	3.8	3.3 3.7	3.0	2.8
Chloride	96		103	
Urea	4.5	2.9 3.6	3.4	3.3
Creatinine	36	33 45	34	
Glucose	6.6	43		
Osmol.		249	287	313

Blood culture - no growth

Viral Studies - IgM for mumps, measles, herpes simplex, herpes zoster and CMV all negative

Serology for adenovirus, Q fever, PLGV, mycoplasma, pneumonia, influenza A and influenza B all negative.

Cerebrospinal Fluid Results (probably taken after death)

CSF appearance - blood stained, supernatant, straw coloured

Protein - 95g/L (raised)

Red cells - 300,000 (raised)

White cells 4000 (raised)

Ratio Red/white cells - 75:1 (raised, mostly lymphocytes - this ratio suggests meningitis)

CSF culture - no growth at 48 hours

Review of Fluid balance and administration

The fluids prescribed for Claire Roberts are documented on the "Intravenous Fluid and Prescription Chart", and were No 18 Solution, No 18 Solution with added potassium and Normal Saline for administration of drugs. The fluid charts run 8am to 7am the following morning documenting 24 hour input and output. She was initially prescribed 64 ml/hour (maintenance fluid volume for her weight) or 1,536 ml/day. She received:

October 21st - 22nd (22.30 - 7 am)-	volume = 536 ml	60ml/hour
October 22nd (8am - 7 pm)	- volume = 769 ml	64ml/hour
October 22nd - 23 (8pm - 2am)	- volume = 491 ml	70ml/hour

The volume was greater than 64 ml/hour over the last 7 hours as there was additional fluid (normal saline - 190ml) given with administration of her medication (phenytoin, midazolam and acyclovir). Instructions to reduce the fluid intake to 41mls per hour were given at 11.40pm on 22nd October. Fluid received after 12 midnight on 22nd October amounted to 33ml (17ml/hour). Claire's fluid output during the period of observation were 7 small vomits, one moderate vomit and 4 urine evacuations, one of which was large. The volumes were not recorded.

Review of Neurological Observations

The Glasgow Coma Scale is a widely used tool to assess a patient's level of consciousness and was devised initially in 1974 for use in adult patients. In a patient with reduced conscious level a painful stimulus is applied to assess their response. Three specific responses are examined - the patient's best visual response, verbal response and motor response giving a total score out of 15.

SIGNATURE OF STATEMENT MAKER:

David Webb

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