

bb&Co. Brangam Bagnall & Co. Solicitors

Dr Steen. / Dr Sands.

MR Young Consultant.

1/3

Date:

Ref:

File Name:

Location:

7/4/2006. 18/1/134. Clance Roberts.

DOB. 10/1/87. DOB 23/10/96.

Inquest 25/7/2006.

Dr Bringham Consultant Paediatric Anaesthetist. 14-10-5.

presumptive diagnosis viral ~~infection~~ illness

Professor Young Clinical Biochemist

Anti Diuretic Hormone - retains fluid

in what circumstances does brain release the ADH. - response to increase in H_2O in the bld (normal concs.) Abnormal concs where ADH produced —

DR Webb - we have to explain p4. Normal biochemical profile.

bld taken 9pm evening following admission.
(cannot be precise)

delay in repeating the bld test.

bld test every 24 hrs - in this case bld test 25 hours.

Hildon House, 30-34 Hill Street, Belfast BT1 2LB Tel: 028 9032 6060 Fax: 028 9032 6090
Commercial Mews, 69-71 Comber Road, Dundonald, Belfast BT16 0AE Tel: 028 9048 8800 Fax: 028 9048 2200

- Does not think this / but delay caused any probs - had any
- Significance.
- Believes that Na probs more likely to cause brain injury in children than in adults.
- Dr Brangam says that record 121 wrong/inaccurate - she not given enough fluid
- Hyponatraemia caused by etc —

If recognised the Na low on admission - possible to alter fluid management + avoid Hyponatraemia —
impossible to say what would have been the outcome —
would have been different.

Speak to Dr Webb . - were family told the extent of illness .

-: process of recovery .

why did he write Na norm when 132 !

132-121 w/i 24 hrs - leads to swelling of

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the brain - !!

The 121 result - Δa seems to be measure in μm -

(lab result.) (note)

129 - measured in μm on bld gas analyser - no proper control of Δa on such monitors - it may well have been inaccurate.

Mr Young believes that 129 inaccurate rather than lab test. 121.

Discussion

How was the sodium managed once identified as 121.

alternative strategy
aggressive treatment - more concentrated solution (standard practice in adults)

- which was the predominant condition.

- hyponatraemia v en

(Bingham says that wt of sol such that 132-121 could not have happened. $\therefore$ 121 incorrect.)

Young says 121 correct unless prob with taking bld -
say from an arm with a lift

132
↓
121
↑
129.

} caused after intervention.

family only consented to a limited transp.

Extent of enc

family believes that they were mislaid

Could have an expert who says hypox primary cause of
death and encephalopathy.

Dr D Webb's letter "Low grade infection"
to family 28/2/97.

Why

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Mr Young

This is not the same as the other cases as this child did not start with a normal brain.

The rate of fall of Na.

Regime Dr Marchonnie.

See letter 12/1/05. Answer to Mr + Mrs Roberts Questions.

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- family want death certificate amended and included in Public Inquiry.

See answer 8.8 (b) Letter 12 January 2005.

Death Certificate written date of death but PM months later.

Hypnatraemia not mentioned on Death Cert but expressly mention in the referral to the pathologist.

- what / why bld test delay to 25hs - Was it an after thought?