united hospitals

Antrim Hospital . 45 Bush Road . Antrim . BT41 2RL . Telephone: [redacted]

FAX NUMBER: [redacted] Date: 29/1/03

FAX COVER SHEET

TO: [redacted], CSA Legal Directorate

FAX NO: [redacted]

FROM: [redacted], Dr Jenkins' Secretary

TEL NO: [redacted]

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DIRECTORATE OF LEGAL SERVICES
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Queen's University Belfast

united hospitals

Paediatric Department, Antrim Hospital, ANTRIM BT41 2RL
E-mail address: [redacted] Tel: [redacted] Fax: [redacted]

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Directorate of Legal Services
Central Services Agency
25 Adelaide Street
BELFAST
BT2 8FH

27th January 2003

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Dear Sirs

Re Rachel Ferguson (Deceased)

Thank you for your further letter dated 23.01.03 and enclosed copy report from Dr Declan Warde, the Consultant Paediatric Anaesthetist retained to advise the Trust. These documents reached me today 27.01.03. In view of your request for an urgent reply I have not had the opportunity to consider the report in great detail, or to consult the references quoted. My initial impressions are that in many aspects Dr Warde's report does not differ significantly from previously available information. There is a slight difference in his calculation of the total amount of fluid given. He calculates this at 2160 mls whereas the figure given in Dr Sumner's report is 2220 mls and my calculation from the hospital chart was 2080 mls. These differences are largely due to the difficulty each of us have had in trying to interpret the figures given in the chart. It may be that you would wish to clarify this with those responsible for Rachel's care at the relevant time.

Dr Warde again makes reference to the significance of the vomiting. I pointed out in my report of 12.11.02 the importance of seeking further information regarding the frequency and severity of Rachel's vomiting in the opinion of senior staff, given the comments in the report by Sister E Millar. I have also not been provided with any further details of relevant nursing and medical procedures and management in relation to fluid administration and post-operative monitoring of fluid intake, urine output and other losses such as vomiting.

With regard to the involvement of the Paediatric Medical Staff, it must be remembered that Dr Jeremy Johnston only became involved as he happened to be in the ward with a Paediatric medical admission when Rachel's condition deteriorated. He immediately responded and provided appropriate treatment for her convulsion. This was successful in stopping the seizure. He contacted the surgical PRHO Dr Curran and advised him to contact his surgical Registrar and SHO urgently. Unfortunately it appears that it was some significant time before the senior members of the surgical team became available. In the interim Drs Johnston and Curran suspected the possibility that an electrolyte abnormality could be the cause of the fit and electrolyte profile and other blood tests were sent urgently to the Laboratory. Dr Johnston did his best to ensure that these results became available as quickly as possible. In the absence of the Surgical team he discussed the situation with Dr Trainor who was the Paediatric second term SHO on-call and busy in the Neonatal Unit at the time.

Dr Trainor went to Ward 6 and was informed that the electrolyte results had just become available showing a low sodium of 119 with potassium of 3. She immediately suspected that this might be an erroneous result if the blood sample had been taken from the same arm where the IV drip was running, but was told that this was not the case. It would be standard practice to arrange to urgently repeat electrolytes in this situation and this was performed. At this stage the seizures were under control. The main finding when Dr Trainor examined Rachel was of a petechial rash around her face, neck, upper chest, and her trunk appeared flushed although her temperature was normal. She was also unresponsive with dilated and non reactive pupils. Dr Trainor contacted Dr McCord the Consultant Paediatrician on-call and asked him to come to ward immediately. In view of the possibility of meningococcal infection Rachel was given intravenous antibiotics. Shortly after this her condition deteriorated again and Dr Trainor commenced resuscitation while the Anaesthetic Registrar was fast-bleeped. The Registrar arrived very quickly and assisted with resuscitation. Following this the results of the repeat electrolytes confirmed severe hyponatraemia and fluids were changed to 0.9% sodium chloride at reduced rate of 40 mls per hour.

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Dr Warde questions why, upon receipt of the initial electrolyte results, IV therapy was not immediately changed to 0.9% sodium chloride. It is always easy to ask a question like this in retrospect, but the clinical picture had raised the possibility of meningococcal infection and this would be uppermost in the mind of someone whose experience was mainly in the medical aspects of the care of children, where this is a relatively common and immediately life threatening condition. The IV fluid was changed to 0.9% sodium chloride on receipt of the results of the repeat electrolytes (at approximately 04.30). In my opinion it is very unlikely that the continuation of the previous IV fluid for the relatively short period concerned is likely to have significantly worsened the prognosis, given that we now know that cerebral oedema must have already been present at that time.

Dr Warde raises the possibility that some would argue that faced with a symptomatic patient with acute severe hyponatraemia it would have been appropriate to be more aggressive and commenced treatment with hypertonic (3%) sodium chloride combined with a diuretic such as Frusemide. This would certainly not be indicated in a situation where a doctor was unsure as to the accuracy of the electrolyte results, and so would only be considered when the diagnosis had been confirmed by a repeat electrolyte check. Even then this is a treatment which requires specialist knowledge and experience and I would not expect it to have been commenced by a doctor of this level of seniority.

Finally, I wish to confirm my availability all day next Wednesday, 5 February 2003, but to point out that, as stated in my letter to you of 29 November 2002, I am not available on 06 February 2003 as I have a prior commitment to attend and speak at a meeting in London on that day. I will therefore be grateful if you can confirm details of my expected involvement as a matter or urgency as I have heard nothing further regarding this despite the request in my letter of November.

Yours faithfully

Dr J G Jenkins MD FRCP FRCPCH
Senior Lecturer in Child Health & Consultant Paediatrician