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Clinical Director  
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Altnagelvin Hospital

14<sup>th</sup> November 2001

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Risk Management Co-ordinator  
Altnagelvin Hospital

Re: Rachel Ferguson (deceased)

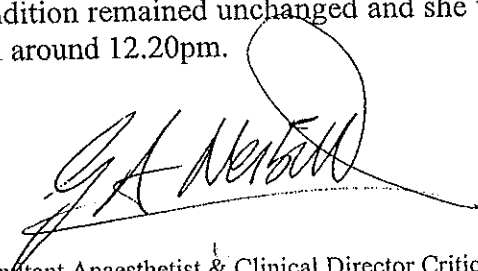
438

I was called to Altnagelvin Hospital in the early hours of Saturday the 9<sup>th</sup> June to assist with the transfer of Rachel Ferguson from the paediatric ward to the X Ray Department where a CT scan was to be performed. I was not on duty but, because of pressure on the on call team, extra help had been requested.

Rachel had had an uneventful operation for appendectomy the day previously and had made a good recovery. However throughout the day she had several episodes of vomiting and had developed a headache in the evening. Nursing staff found Rachel fitting around 3am and called medical staff. Her condition deteriorated, requiring intubation and ventilation. Blood results taken following the seizure showed a low Sodium level and a saline infusion was in place to allow a slow correction of this imbalance.

I attended Rachel around 5.30am by which time she had been brought to the X Ray Department. CT scan was performed uneventfully and Rachel was transferred to the Intensive Care unit for continuing care there. I contacted the Neurosurgical unit in the Royal Victoria Hospital and at their request arranged a second CT scan. Transfer to the Children's Hospital was organised following this and I accompanied Rachel to their Intensive Care Unit, leaving Altnagelvin at around 11.10am. Throughout the transfer Rachel was ventilated and monitored. Her condition remained unchanged and she was admitted to Intensive Care in the Children's Hospital around 12.20pm.

Yours sincerely,



G A Nesbitt Consultant Anaesthetist & Clinical Director Critical Care