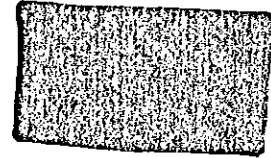


(113)

Copy to Dr. Anderson for history with reports ✓ 25/5/00

*Dr*

Appendix 2a



18<sup>th</sup> May 2000

Mr Eugene Fee  
Erne Hospital  
ENNISKILLEN

Dear Mr Fee

RE: Lucy Crawford – Daily Fluid Balance Chart – Dated 12/4/00

I refer to the above document and confirm that the entries made for 1.00a.m; 2.00a.m and 3.00a.m were completed by myself.

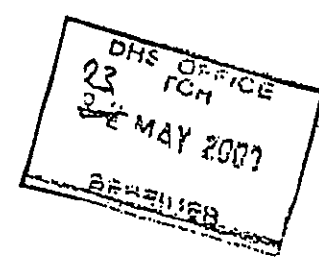
The amounts of fluid as noted to the left of each box give a complete and accurate record of all intravenous fluid dispensed during that period. However I do note that the running total as indicated to the right of each box has not been tallied correctly.

If I can be of further assistance please feel free to contact me

Yours Sincerely

*Thecla Jones*

Thecla Jones



Bridget Thecla Jones – RGN-RSCN

Grade E Staff Nurse –Bank –Erne Hospital

Staff No - [REDACTED]

Re: Lucy Crawford – Hosp No [REDACTED] –12 April 2000

I first saw Lucy about 23.00 hrs when she was brought to her cot from the treatment room. Her mother was with her. I.V fluids were in progress.

At 24.00hrs Lucy vomited and I gave assistance. Dr. Malik who was on the ward was informed.

At 01.00hrs 13 April 00 I spoke to Mrs Crawford as I heard Lucy moving about the cot; she had turned herself to an all four sleeping position.

On returning from my break at around 03.00hrs I was told that Lucy had severe diarrhoea and had suffered a "fit". Rectal Diazepam had been given but she had further diarrhoea following its administration.

I went into the side room, which Lucy had been moved into, Nurse Mc Manus and Dr Malik where in attendance; oxygen was being administered. Mrs Crawford was also present.

An emergency call was put through for Dr O Donohue and the emergency trolley was brought to the room door. As the B.M. readings were elevated the I.V fluids were changed from No 18 Sol to 500mls of Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140bpm.

As Lucy remained unresponsive she was turned from her (L) to (R) side for easier accessible. On turning her around her mouth and lips became cyanosed. Suction was giving an airway inserted and bagging commenced by Dr Malik Monitoring equipment was connected up to record heart rate, B/P at 5min intervals and oxygen saturation levels.

At approx 03.30hrs Dr O Donohue arrived. Blood samples and X-Rays where taken as bagging continued. Intubation by Dr O Donohue was unsuccessful. Dr Auterson who had been contacted, arrived, and successfully intubated Lucy at approx 04.00hrs. Dr Auterson requested Fliemazenil (Anaxate), which Nurse Mc Neill brought from ward 5ICU, and it was given I.V

Throughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal X-Ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approx 400mls of No 18 sol plus the ongoing 500mls of Normal saline had been given I.V and that Lucy had vomited earlier as well as having diarrhoea. Catheterization was ordered and I carried out this procedure, a small amount of residual urine only was obtained

As assisted ventilation was necessary arrangements were made for Lucy's transfer to ward 5ICU and then onto Belfast. Her parents were informed and spoken to by Dr O Donohue and Dr Auterson. Time approx 04.45hrs. I accompanied Lucy with medical staff to ward 5 and stayed to give assistance. At approx 06.45hrs Lucy was transferred to Belfast by ambulance accompanied by Dr O Donohue and Nurse Mc Neill.

I am Mrs Thecla Jones. I am a Staff Nurse in Children's ward at the Erne Hospital and was on duty on the night of 12 April 2000.

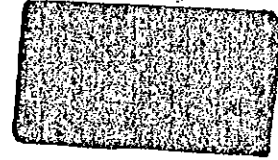
My involvement in the care of Lucy Crawford (deceased) was as per attached page:

Signed: Thecla Jones.

Date: 11th Sept 03

Copy to Dr. Anderson for history with  
reports ✓ 25/5/00

Appendix 20



18<sup>th</sup> May 2000

Mr Eugene Fee  
Erne Hospital  
ENNISKILLEN

Dear Mr Fee

RE: Lucy Crawford – Daily Fluid Balance Chart – Dated 12/4/00

I refer to the above document and confirm that the entries made for 1.00a.m;  
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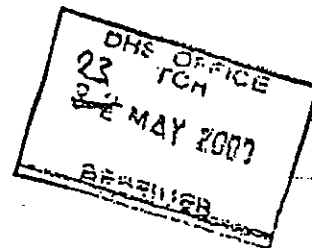
The amounts of fluid as noted to the left of each box give a complete and  
accurate record of all intravenous fluid dispensed during that period.  
However I do note that the running total as indicated to the right of each box  
has not been tallied correctly.

If I can be of further assistance please feel free to contact me

Yours Sincerely

Thecla Jones

Thecla Jones



Bridget Thecla Jones -- RGN-RSCN

Grade E Staff Nurse --Bank --Erne Hospital

Staff No - [REDACTED]

Re: Lucy Crawford -- Hosp No [REDACTED] --12 April 2000

I first saw Lucy about 23.00 hrs when she was brought to her cot from the treatment room. Her mother was with her. I.V fluids were in progress.

At 24.00hrs Lucy vomited and I gave assistance. Dr. Malik who was on the ward was informed.

At 01.00hrs 13 April 00 I spoke to Mrs Crawford as I heard Lucy moving about the cot; she had turned herself to an all four sleeping position.

On returning from my break at around 03.00hrs I was told that Lucy had severe diarrhoea and had suffered a "fit". Rectal Diazepam had been given but she had further diarrhoea following its administration.

I went into the side room, which Lucy had been moved into, Nurse Mc Manus and Dr Malik where in attendance; oxygen was being administered. Mrs Crawford was also present.

An emergency call was put through for Dr O Donohue and the emergency trolley was brought to the room door. As the B.M. readings were elevated the I.V fluids were changed from No 18 Sol to 500mls of Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140bpm.

As Lucy remained unresponsive she was turned from her (L) to (R) side for easier accessible. On turning her around her mouth and lips became cyanosed. Suction was giving an airway inserted and bagging commenced by Dr Malik Monitoring equipment was connected up to record heart rate, B/P at 5min intervals and oxygen saturation levels.

At approx 03.30hrs Dr O Donohue arrived. Blood samples and X-Rays where taken as bagging continued. Intubation by Dr O Donohue was unsuccessful. Dr Auterson who had been contacted, arrived, and successfully intubated Lucy at approx 04.00hrs. Dr Auterson requested Fliemazenil (Anaxate), which Nurse Mc Neill brought from ward 5ICU, and it was given I.V

Throughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal X-Ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approx 400mls of No 18 sol plus the ongoing 500mls of Normal saline had been given I.V and that Lucy had vomited earlier as well as having diarrhoea. Catheterization was ordered and I carried out this procedure, a small amount of residual urine only was obtained

As assisted ventilation was necessary arrangements were made for Lucy's transfer to ward 5ICU and then onto Belfast. Her parents were informed and spoken to by Dr O Donohue and Dr Auterson. Time approx 04.45hrs. I accompanied Lucy with medical staff to ward 5 and stayed to give assistance. At approx 06.45hrs Lucy was transferred to Belfast by ambulance accompanied by Dr O Donohue and Nurse Mc Neill.

I am Mrs Thecla Jones. I am a Staff Nurse in Children's ward at the Erne Hospital and was on duty on the night of 12 April 2000.

My involvement in the care of Lucy Crawford (deceased) was as per attached page:

Signed:

Thecla Jones

Date:

11th Sept 03

I am Mrs Thecla Jones. I am a Staff Nurse in Children's ward at the Erne Hospital and was on duty on the night of 12 April 2000.

My involvement in the care of Lucy Crawford (deceased) was as follows:

I first saw Lucy about 2300 hours when she was brought to her cot from the treatment room. Her mother was with her. Intravenous fluids were in progress.

At midnight Lucy vomited and I gave assistance. Dr Malik who was on the ward was informed.

At 0100 hours, 13 April 2000 I spoke to Mrs Crawford as I heard Lucy moving about the cot, she had turned herself to an all four sleeping position.

On returning from my break at around 0300 hours I was told that Lucy had severe diarrhoea and had suffered a 'fit'. Rectal Diazepam had been given but Lucy had further diarrhoea following its administration.

I went into the side room, which Lucy had been moved into, Nurse McManus and Dr Malik were in attendance; oxygen was being administered. Mrs Crawford was also present.

An emergency call was put through for Dr O'Donohoe and the emergency trolley was brought to the room door. As the Blood Sugar Monitoring readings were elevated the intravenous fluids were changed from .18%Saline/4%Dextrose (No 18 Sol) to 500 mls of Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140 beats per minute.

As Lucy remained unresponsive she was turned from her Left to Right side for easier access. On turning her around her mouth and lips became cyanosed. Suction was given, an airway inserted and bagging commenced by Dr Malik. Monitoring equipment was connected up to record heart rate, Blood Pressure at 5 minute intervals and oxygen saturation levels.

At approximately 0330 hours Dr O'Donohoe arrived. Blood samples and X-rays were taken as bagging continued. Intubation by Dr O'Donohoe was unsuccessful. Dr Auterson who had been contacted, arrived and successfully intubated Lucy at approximately 0400 hours. Dr Auterson requested Fliemazenil (Anaxate) which Nurse MacNeill brought from Ward 5 Intensive Care Unit, and it was given intravenously.

*2001 Statement*

Throughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal X-ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approximately 400mls of .18% Saline/4% Dextrose (No 18 Sol) plus the ongoing 500 mls of Normal Saline had been given intravenous and that Lucy had vomited earlier as well as having diarrhoea.

Catheterisation was ordered and I carried out this procedure, a small amount of residual urine only was obtained.

As assisted ventilation was necessary arrangements were made for Lucy's transfer to Ward 5 Intensive Care Unit and then on to Belfast. Her parents were informed and spoken to by Dr O'Donohoe and Dr Auterson. Time approximately 0445 hours. I accompanied Lucy with Medical staff to Ward 5 and stayed to give assistance. At approximately 0645 hours Lucy was transferred to Belfast by ambulance accompanied by Dr O'Donohoe and Nurse MacNeill.

Signed: Chuck Jones

Date: 17th Oct 03.



I am Mrs Thecla Jones. I am a Staff Nurse in Children's ward at the Erne Hospital and was on duty on the night of 12 April 2000.

My involvement in the care of Lucy Crawford (deceased) was as follows:

I first saw Lucy about 2300 hours when she was brought to her cot from the treatment room. Her mother was with her. Intravenous fluids were in progress.

At midnight Lucy vomited and I gave assistance. Dr Malik who was on the ward was informed.

At 0100 hours, 13 April 2000 I spoke to Mrs Crawford as I heard Lucy moving about the cot, she had turned herself to an all four sleeping position.

On returning from my break at around 0300 hours I was told that Lucy had severe diarrhoea and had suffered a 'fit'. Rectal Diazepam had been given but Lucy had further diarrhoea following its administration.

I went into the side room, which Lucy had been moved into, Nurse McManus and Dr Malik were in attendance; oxygen was being administered. Mrs Crawford was also present.

An emergency call was put through for Dr O'Donohoe and the emergency trolley was brought to the room door. As the Blood Sugar Monitoring readings were elevated the intravenous fluids were changed from .18% Saline/4% Dextrose (No 18 Sol) to 500 mls of Normal Saline and left to run fairly freely. Monitoring equipment was sent for and I listened with a stethoscope to Lucy's heart rate for 30 seconds; it was a good strong steady beat of 140 beats per minute.

As Lucy remained unresponsive she was turned from her Left to Right side for easier access. On turning her around her mouth and lips became cyanosed. Suction was given, an airway inserted and bagging commenced by Dr Malik. Monitoring equipment was connected up to record heart rate, Blood Pressure at 5 minute intervals and oxygen saturation levels.

At approximately 0330 hours Dr O'Donohoe arrived. Blood samples and X-rays were taken as bagging continued. Intubation by Dr O'Donohoe was unsuccessful. Dr Auterson who had been contacted, arrived and successfully intubated Lucy at approximately 0400 hours. Dr Auterson requested Fliemazenil (Anaxate) which Nurse MacNeill brought from Ward 5 Intensive Care Unit, and it was given intravenously.

*True statement*

Throughout resuscitation ongoing discussion took place regarding Lucy's condition. Abdominal X-ray showed a query of abdominal distension although diarrhoea still persisted. I checked the fluid balance chart and confirmed that approximately 400mls of .18% Saline/4% Dextrose (No 18 Sol) plus the ongoing 500 mls of Normal Saline had been given intravenous and that Lucy had vomited earlier as well as having diarrhoea.

Catheterisation was ordered and I carried out this procedure, a small amount of residual urine only was obtained.

As assisted ventilation was necessary arrangements were made for Lucy's transfer to Ward 5 Intensive Care Unit and then on to Belfast. Her parents were informed and spoken to by Dr O'Donohoe and Dr Auterson. Time approximately 0445 hours. I accompanied Lucy with Medical staff to Ward 5 and stayed to give assistance. At approximately 0645 hours Lucy was transferred to Belfast by ambulance accompanied by Dr O'Donohoe and Nurse MacNeill.

Signed: Chuck Jones

Date: 17th Oct 03,