

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Wendy Beggs
Directorate of Legal Services
2 Franklin Street
BELFAST
BT2 8DQ

Your Ref: NSC B04/1

Our Ref: CM-0030-11

Date: 29 September 2011

Dear Ms Beggs,

Re Investigation into the death of Adam Strain

I refer to Dr Robert Taylor's statement ref WS 008/3 dated 28 September 2011 a copy of which I enclose for your convenience. Unfortunately the correct documentation labelled INQ-0343-11 was not attached to the statement request form and therefore Dr Taylor was unable to properly answer questions (54) (b), (c) and (d). Please find attached Autopsy Request Form labelled INQ-0343-11. I would be grateful if you would arrange for Dr Taylor to answer the above questions in light of the documentation now produced before him. Dr Taylor may also if appropriate reconsider his answer to question (54) (a).

I apologise for the previous error and any inconvenience that this may cause.

I would be grateful to receive Dr Taylor's response within 7 days given the proximity to the commencement of the oral hearings.

Yours sincerely,



Caroline Martin
Solicitor to the Inquiry

Secretary: Bernie Conlon
Arthur House, 41 Arthur Street, Belfast, BT1 4GB
Email: inquiry@ihrdni.org Website: www.ihrdni.org Tel: 028 9044 6340 Fax: 028 9044 6341

ROYAL VICTORIA HOSPITAL
AUTOPSY REQUEST FORM

NAME: Adam STRAIN AUTOPSY No: A _____
D.o.B.: 4/8/91 SEX: M HOSPITAL No. 364377
CONSULTANT: SNABE WARD: PICU HOSPITAL RBHSC
DATE OF ADMISSION: 26/11/95 DATE OF DEATH: 28/11/95
DATE OF AUTOPSY: _____ TIME OF AUTOPSY: _____
TIME COMPLETE REQUEST RECEIVED IN MORTUARY: _____

CLINICAL PRESENTATION: (major symptoms)

RENAL FAILURE UNDERGOING RENAL TRANSPLANT.
APPARENTLY UNVENTILATED GENERAL ANAESTHETIC BUT
BRAIN STEM DEAD / CEREBRAL OEDOMA AT END OF CASE

HISTORY OF PRESENT ILLNESS:

POLYURIC RENAL FAILURE (secondary to Post Ureteral Valves).
ARRIVED in theatre @ 0645 am 27/11/95 in fluid
deficit (~3000ml). G.A. started, in fluids given, excessive
bleeding throughout transplant - replaced by blood/HPPF
At end of case child found to have fixed, dilated pupils

PAST MEDICAL HISTORY (incl drug therapy):

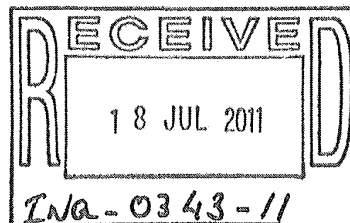
RENAL FAILURE
CONTINUOUS PERITONEAL DIALYSIS.
G.A. with Thiopentone / Argon / Atrocum. No Hypotension episodes
No Pyrexia
Monitoring indicated increased urea / Replaced fluids given

INVESTIGATIONS: (include laboratory, ECG, X-ray etc).

CXR - pulm interstitial oedema.
CT Scan - gross cerebral oedema - obliteration of ventricles
ULG B. sign (4.0) AB. 38
No 119

CLINICAL DIAGNOSIS

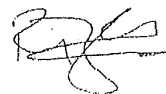
BRAIN STEM DEATH due to "Osmotic Dis-equilibrium Syndrome"



NOTES

This is a somewhat bizarre case of a child undergoing renal transplantation. There were quite complex fluid requirements in this child who normally got 1500ml of food into gastrostomy tube in the course of a night. On the morning of surgery this feeding (fluid) was interrupted and despite several attempts iv fluids could not be erected prior to surgery. Therefore replacement fluids consisted of 1/5N saline in 4% Glucose to replace the fluid deficit and provide maintenance and colloid fluids (HPPF) and Packed cells. (2 units). The on-going blood loss and poor vascular supply of the donor kidney encouraged further fluid administration over a prolonged anaesthetic (4 hours). Dopamine was also commenced to improve donor blood flow. The fluids were given according to the CVP which commenced at 17mmHg and rose to 22-24mmHg thro' the case.

I am surprised and devastated that the T-brain and CXR showed such gross oedema in the presence of normal serum albumin (colloid pressure) and blood sugar!



LIST CLINICAL PROBLEMS IN ORDER OF IMPORTANCE:

(This list will enable the pathologist to produce a more relevant report.)

- (1) RENAL TRANSPLANT - DONOR ORGAN w (RIF)
- (2) CEREBRAL / PULMONARY INTERSTITIAL OEDOMA
- (3) _____
- (4) _____

DEATH CERTIFICATE: If a death certificate has already been prepared please copy it below for our records.

(1)

Disease or condition directly leading to death:

(a)

due to

Antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b)

(c)

(2)

Other significant conditions, contributing to the death, but not related to the disease or condition causing it:

Will you or a colleague be attending the review session at 1.45 pm on the day of the autopsy? YES NO

Signature of requesting doctor _____

Please write your name legibly and give an extension number where you can be contacted _____

THE FINDINGS OF THE AUTOPSY WILL BE TELEPHONED TO THIS NUMBER