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

Your Ref:

Our Ref: BPC-0021-11

Date: 5th October 2011

Dear Ms Beggs,

Re: Investigation into the death of Adam Strain

I refer to Professor Savage's Witness Statement WS-002/3.

In Professor Savage's Reply at 46(c) on Page 47 he refers to Doctor Gaston having chaired a review of electrolyte management in relation to paediatric surgery and anaesthesia in 1996. The Inquiry requests copies of all documentation in respect of this review.

Please treat this as an urgent request.

Yours sincerely,

Brian Cullen
Assistant Solicitor to the Inquiry

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Nephrologists to move to this regimen.

(b) Identify the particular medical and nursing staff in Adam's case who you consider should have known about and acted in accordance with the Renal Transplant Protocol.

The medical and nursing staff involved in Adam's care following his admission, should have known and acted in accordance with the renal protocol. I believe the junior doctors are Drs Cartmill and O'Neill. I do not know the names of the staff nurses looking after Adam on that occasion, but believe their names have already been communicated to the Inquiry.

(46) Answer to Question 15(b) at p.24:

"In revising the protocol, we consulted protocols from other centres in the U.K. We wanted to ensure that our guidelines were up-to-date or improved to be consistent with best current practice. We wanted to ensure that electrolytes were regularly monitored and that there was some move towards the use of fluids with a higher sodium content perioperatively. The aim of the revision was to improve patient safety."

(a) Identify each *"centre[s] in the U.K"* whose protocol you consulted.

We obtained protocols from The Royal Manchester Children's Hospital, Southmead Hospital Bristol(adults and Children's protocols), The Royal Free Hospital in London, Guy's Hospital London, and Birmingham Children's Hospital. We consulted the Adult Transplant protocol from the Belfast City hospital and a published protocol from UCLA in USA.

(b) State whether you had any discussion within RBHSC, outside the context of renal transplant and/or renal surgery, about the benefits of regularly monitoring electrolytes and the use of fluids with a higher sodium content.

I believe our discussions were mainly within the context of renal and transplant surgery. Initially, we believed that Adam's hyponatraemia was dilutional, related to the volume of fluid administered. Adam's death however, was a major stimulus, particularly after the inquest, for a discussion of the use of N/5 saline in dextrose in general.

(c) If so, identify those involved and when such discussions took place.

The key individuals involved in such discussions would have been myself, Dr O'Connor and Dr Taylor. Dr O'Connor and myself produced new renal transplant guidelines in early 1996, recommending only the use of normal saline intra-operatively during renal transplantation. Dr Gaston chaired a review of electrolyte management in relation to paediatric surgery and anaesthesia in 1996. The finding at Adam Strain's inquest and the identification of the potential risk of hypotonic fluids became a significant issue for discussion within the Northern Ireland paediatric community, resulting in the setting up of the Northern Ireland Regional Paediatric Fluid Therapy Working Group in 2001 by Dr Darragh, the Assistant Chief Medical Officer, on which the Children's Hospital were represented by Dr P Crean and Dr Taylor. I was not included in this Working Group (Ref: 007-042-087). The work of this group resulted in the removal of N/5 saline in dextrose from general use. In March 2007, the National Patient Safety Agency issued an alert (Number 22) on advice on how to reduce the risk associated with the administration of infusions in children, and their recommendations were incorporated into the policy for the administration of IV fluids to children issued by The Belfast Health & Social Care Trust in