



**Business Services
Organisation**

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

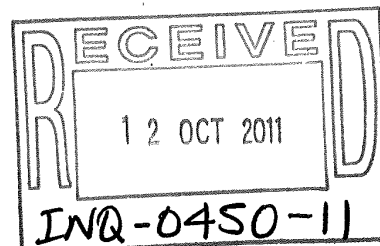
Your Ref:

Our Ref:
HYP B04/1

Date:
12th October 2011

BY HAND

Ms Caroline Martin
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam,

INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and enclose original portable chest x-ray film taken of Adam Strain. Please note this x-ray is timed at 1.20pm and not 12.30pm as previously advised. This was filed in the x-ray envelope for the CAT scan of brain performed on 27th November 1995 and the portable chest x-ray performed at 9.30pm on 27th November 1995. In addition however was filed a Compliments Slip from the Children's Hospital counterstamped received by the Trust's Medical Administration Department on 12th December 1995 and a number of original records and laboratory reports which should have been filed in 1995 in Adam Strain's main medical records.

I list and enclose copies of these documents:

Haematology Reports

Date of specimen 26.11.95, date of report 27.11.95
Date of specimen 27.11.95, date of report 27.11.95
Date of specimen 27.11.95, date of report 28.11.95
Date of specimen 28.11.95, date of report 28.11.95

Biochemistry Reports

Date of specimen 26.11.95, date of report 27.11.95
Date of specimen 27.11.95, date of report 27.11.95
Date of specimen 27.11.95, date of report 28.11.95
Date of specimen 28.11.95, date of report 28.11.95 x2
Date of specimen 28.11.95, date of report 29.11.95 x2

Providing Support to Health and Social Care



INVESTOR IN PEOPLE

Radiology Reports

Date of CAT scan 27.11.95, date of report 27.11.95

Bacteriology reports

Date of specimen 26.11.95, date of report 27.11.95

Date of specimen 27.11.95, date of report 27.11.95 x2

Date of specimen 27.11.95, date of report 28.11.95

Date of specimen 28.11.95 x3 from central line, reports undated

Hospital/Community Liaison: General Nursing Services 30.11.95

Case Note Discharge Summary dated 6.12.95

The dates of these reports with the latest record being 06.12.95 suggests that these documents were unable to be filed in Adam Strain's records which would by then have been sent to State Pathology. It is likely that given the accompanying Compliments Slip that the x-rays and documents were forwarded to Medical Administration and then to the State Pathologist and to Dr Sumner (059-062-148). When eventually returned the reports remained in the x-ray envelope and were stored with all the other x-rays rather than being attached to the patient's chart.

Yours faithfully

PP Nicola Dooker

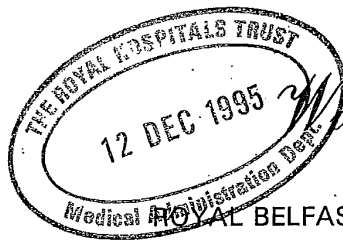
Wendy Beggs

Assistant Chief Legal Adviser

Direct Line: [REDACTED]

Email: [REDACTED]

EASTERN HEALTH & SOCIAL SERVICES BOARD



With Compliments

of the
ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
FALLS ROAD
BELFAST BT12 6BE

Telephone: 240503

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
MUSGRAVE WARD
CONS.

NAME STRAIN ADAM
HOSP. NO 00364377
AGE/DOB 04.08.91 SEX M

TEST	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	10.5	G/DL	12-18
ERYTHROCYTES	3.47	MILLIONS/UL	4.0 - 6.5
P.C.V.	.321		0.36-0.54
M.C.V.	92.5	FL	80-99
M.C.H.C.	32.7	G/DL	30-38
M.C.H	30.3	PG	27-33
LEUCOCYTES	9.54	THOUSANDS/UL	4-11
PLATELETS	336	THOUS./UL	150-500



CONSULTANTS INITIALS NOT QUOTED ON REQUEST FORM

LAB. ACC. NO.	025487	DEPT OF HAEMATOLOGY
DATE OF SPECIMEN	26.11.95	ROYAL VICTORIA HOSPITAL
DATE OF REPORT	27.11.95	

CHILDRENS HOSPITAL
WARD INTENSIVE CARE UNIT
DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B.: 04/08/1991
HOSPNO 364377

Sex

TEST NAME	RESULT	UNITS
HAEMOGLOBIN	10.6	g/dl
PCV	0.289	
WBC	8.7	Thous/u1
PLATELETS	140	Thous/u1
RED CELL COUNT	3.24	millions/u1
MCV	89.2	fl
MCHC	36.7	g/dl
MCH	32.7	pg

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
INTENSIVE CARE UNIT
CONS. RT

NAME STRAIN ADAM
HOSP. NO 00364377
AGE/DOB 04.08.91 SEX M

TEST	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	14.4	G/DL	12-18
ERYTHROCYTES	4.52	MILLIONS/UL	4.0 - 6.5
P.C.V.	.404		0.36-0.54
M.C.V.	89.4	FL	80-99
M.C.H.C.	35.6	G/DL	30-38
M.C.H	31.9	PG	27-33
LEUCOCYTES	9.75	THOUSANDS/UL	4-11
PLATELETS	252	THOUS./UL	150-500

ms

LAB. ACC. NO. 028138
DATE OF SPECIMEN 27.11.95
DATE OF REPORT 28.11.95
DEPT OF HAEMATOLOGY
ROYAL VICTORIA HOSPITAL

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
MUSGRAVE WARD
CONS.

NAME STRAIN ADAM
HOSP. NO 00364377
AGE/DOB 04.08.91 SEX M

TEST	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	12.8	G/DL	12-18
ERYTHROCYTES	4.17	MILLIONS/UL	4.0 - 6.5
P.C.V.	.382		0.36-0.54
M.C.V.	91.6	FL	80-99
M.C.H.C.	33.5	G/DL	30-38
M.C.H	30.7	PG	27-33
LEUCOCYTES	11.64	THOUSANDS/UL	4-11
PLATELETS	240	THOUS./UL	150-500

NO WARD QUOTED ON REQUEST FORM

LABS. ACC. NO.	028178	DEPT OF HAEMATOLOGY
DATE OF SPECIMEN	28.11.95	ROYAL VICTORIA HOSPITAL
DATE OF REPORT	28.11.95	

R.B.H.S.C.
MUSGRAVE MEDICAL WARD

DR J.M.SAVAGE (MS)

Surname STRAIN
Forename ADAM
Age 70 DOB 04/08/91 Sex M
Hosp.No. 364377

ML

SERUM		VALUE	ADULT RANGE
Sodium	=	133* mmol/l	(135 TO 145)
Potassium	=	4.3 mmol/l	(3.5 TO 5.0)
Urea	=	↑ 16.0* mmol/l	(3.3 TO 8.8)
Creatinine	=	↑ 0.70* umol/l	(40 TO 110)
Calcium	=	2.46 mmol/l	(2.10 TO 2.57)
Phosphate	=	1.21 mmol/l	(0.80 TO 1.55)



Date of Specimen 26/11/95
Lab No. 23822
Date of Report 27/11/95

R.B.H.S.C.
WARD:INTENSIVE CARE
CONSULT:DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B.: 04/08/1991 Se
NO: 364377

TEST	RESULT	UNITS	REF. RANGE
Sodium	124	mmol/l	135-145
Potassium	5.0	mmol/l	3.5-5.0
Urea	12.4	mmol/l	2.5-7.0
Total Protein	51	g/l	58-85
Albumin	33.5	g/l	37-55
Creatinine	467	umol/l	35-100

Date of Specimen 27/11/1995

11/3

30

R.B.H.S.C.
INTENSIVE CARE UNIT

MR T.L.TAYLOR (TT)

Surname STRAIN
Forename ADAM
Age/DOB 04/08/91 Sex M
Hosp.No. 364377

MS

SERUM		VALUE		ADULT RANGE
Sodium	=	120*	mmol/l	(135 TO 145)
Potassium	=	6.0*	mmol/l	(3.5 TO 5.0)
Urea	=	14.0*	mmol/l	(3.3 TO 8.8)
Glucose	=	7.6	mmol/l	(4.0 TO 8.0)
Total Bilirubin	=	17	umol/l	(.3 TO 18)
Alk.Phos	=	188*	U/l	(35 TO 120)
AST	=	44*	U/l	(10 TO 40)
Ser.Osmolality	=	285	mmol/kg	(285 TO 290)

MS

Date of Specimen Taken 28/11/95
Date of Report 28/11/95
By: S. TAYLOR
By: S. TAYLOR

R.B.H.S.C.
INTENSIVE CARE UNIT

MR T.L.TAYLOR (TT)

Surname STRAIN
Forename ADAM
Age/DOB 04/08/91 Sex M
Hosp.No. 364377

MS

SERUM	=	VALUE		ADULT RANGE
Sodium	=	121*	mmol/l	(135 TO 145)
Potassium	=	6.4*	mmol/l	(3.5 TO 5.0)
Urea	=	15.0*	mmol/l	(3.3 TO 8.8)
Creatinine	=	537*	umol/l	(40 TO 110)

Date of Specimen 22/11/91

Lab No. 23618

Date of Report 22/11/91

By: M. B. B. B. B.

By: H. B. B. B. B.

R.B.H.S.C.
INTENSIVE CARE UNIT

MR T.L.TAYLOR (TT)

Surname STRAIN
Forename ADAM
Age/DOB 04\08\91 Sex M
Hosp.No. 364377

MS

SERUM		VALUE		ADULT RANGE
Sodium	=	125*	mmol/l	(135 TO 145)
Potassium	=	6.3*	mmol/l	(3.5 TO 5.0)
Urea	=	16.4*	mmol/l	(3.3 TO 8.8)
Creatinine	=	545*	umol/l	(40 TO 110)

MB
1-2

Name of Specimen: UREA
Lab No: 23824
Date of Report: 23/11/95

R.B.H.S.C.
INTENSIVE CARE UNIT
MR T.L.TAYLOR (TT)

Surname STRAIN
Forename ADAM
Age/DOB 04\08\91 Sex M
Hosp.No. 364377

SPECIMEN WAS UNIDENTIFIED...?? CORRECT PATIENT

BLOOD	VALUE	ADULT RANGE
= **BLOOD GAS/PH ANALYSIS**		
Specimen time	= 1000 h	
PH	= 7.26*	(7.35 TO 7.45)
PCO2	= 37 mm Hg	(35 TO 45)
Base Excess	= -8.8* mmol/l	(-2.5 TO 2.5)
Std. Bicarb.	= 18.0* mmol/l	(22 TO 26)
P02	= 108* mm Hg	(85 TO 105)

Date of Specimen 28\11\95

Lab. No. 09350

Date of Report 29\11\95

Dr. M. Smith

Dr. J. L. Smith

R.B.H.S.C.
INTENSIVE CARE UNIT

MR T.L.TAYLOR (TT)

Surname STRAIN
Forename ADAM
Age/DOB 04\08\91 Sex M
Hosp.No. 364377

SPECIMEN WAS UNIDENTIFIED...?? CORRECT PATIENT

BLOOD	VALUE	ADULT RANGE
BLOOD GAS/PH ANALYSIS		
Specimen time	= 1000 h	
PH	= 7.22*	(7.35 TO 7.45)
PCO2	= 46* mm Hg	(35 TO 45)
Base Excess	= -8.0* mmol/l	(-2.5 TO 2.5)
Std.Bicarb.	= 18.7* mmol/l	(22 TO 26)
PO2	= 144* mm Hg	(85 TO 105)

Date of Specimen 28\11\95

Lab. No. 112825

Date of Report 29\11\95

RAWAL - BIOCHEMISTRY

Intensive Care Unit
DR M. SAVAGE

SURNAME , : STRAIN
FORENAME(S) : ADAM
CASNOTE : CH 364377
D.O.B./SEX : 04-AUG-91 /MALE
REPORT DATE : 28-NOV-95

CAT SCAN OF BRAIN 27-NOV-95 09:47
Diagnostic Code 10.436

Unenhanced axial images were performed. The lateral ventricles are very small. The third ventricle is not clearly seen. There is no mid-line shift. The brain appears swollen. No focal parenchymal lesion can be seen.

Conclusion: These appearances are in keeping with diffuse brain oedema.

RADIOLOGIST(S) A.SHABANI C.S. McKINSTRY RADIOLOGICAL REPORT

/CAT SCAN OF BRAIN

DATE 27-NOV-95 TIME 09:47

FALLS ROAD
BELFAST

Surname STRAIN
Forename ADAM
Age/DOB 04 04/08/91 Sex ?
Hosp.No. CH354377
Specimen FLUID

Erythrocytes (cells/u1)... <1
Leucocytes (cells/u1)... <1
Cytology.....

Area No. R515195
Date: 27/11/95 Entered On: 26/11/95 Ref: 4 Ref: 11010

CHILDREN'S HOSPITAL
CHILDREN'S HOSPITAL
FALLS ROAD
BELFAST

Murphy

Surname STRAIN
Forename ADAM
Age/DOB 04 04/08/91 Sex M
Hosp.No. 354377
Specimen URINE (seg spec.)

(1719)

URINE CULTURE..... NO SIGNIFICANT GROWTH
.....
..... < 10,000 orgs/ml

+ FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150 Page 1 of 1
Hosp.No. 354377
Date 07/11/95 Specimen No. 07/11/95

(3396)

Surname STEATH
 Forename ADAM
 Age/DOB 04. 04/08/91 Sex M
 Hosp. No. 354377
 Specimen URINE (Direct)

URINE MICROSCOPY

Neutrophils	per ul.	Nil
Erythrocytes	per ul.	Nil
Epithelial cells	per ul.	Nil
Casts	per ul.	Nil
Crystals.....		Nil
Organisms.....		Nil

CHILDREN'S HOSPITAL
MISGRAVE WARD
FALLS ROAD
BELFAST

Surname STRAIN
Forename ADAM
Age 008 04 04/08/91 Sex M
Hosp.No. 354377
Specimen FLUID

(4829)

P D

CULTURE..... NO GROWTH IN 48 HOURS
.....



* FOR FURTHER INFORMATION, IF REQUIRED, Phone 4150 Page 1 of 1
Ref No. 011146
Date 05/11/95 File No. 011146 Ref No. 011146

CHILDREN'S HOSPITAL
Intensive Care Unit
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Synonym STRAIN
Forensic ADAM
Age/DOB 04 04/09/91 Sex M
Hosp.No. 364377
Specimen SECTIONS

(4826)

CULTURE..... NO SIGNIFICANT GROWTH

Ans
* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

Am. No. 880550
Date 24/11/95 Specimen 0384 24/11/95 A. O. H. Pathology

DEPARTMENT of BACTERIOLOGY The Royal Hospitals, Belfast			
SURNAME		FORENAMES	NATURE OF SPECIMEN
H 364377			Central lumen swab
MSTR ADAM STRAIN			proximal lumen
[REDACTED]		04/08/91	REQUEST
[REDACTED] fca		Male	CS Please
[REDACTED] RBHSC		EHSSB	CLINICAL DIAGNOSIS & REASON FOR REQUEST
[REDACTED] MD/OP		CONSULTANT	Post renal transplant
MICROSCOPY		DOCTORS SIGNATURE	ANTIBIOTIC THERAPY
		Dr Brodt	✓
		TIME & DATE SPECIMEN TAKEN	
		AM/PM / /	
<p>STAPHYLOCOCCI : <u>RES</u> P.</p> <p>COAG te. <u>SENS</u> CB. FD DA E. CN TE</p> <p style="text-align: right;">[Signature]</p>			

PLEASE PRINT CLEARLY WITH A BALLPOINT PEN OR STAMP LABELS ON BOTH FORMS

DEPARTMENT of BACTERIOLOGY The Royal Hospitals, Belfast			
SURN	CH 364377	NATURE OF SPECIMEN	LAB No.
ADDR	MSTR ADAM STRAIN	REQUEST	MS5/02595
	04/08/91	CLINICAL DIAGNOSIS & REASON FOR REQUEST	ANTIBIOTIC THERAPY
	Male	Post renal transplant	
WAR	CONSULTANT	DOCTOR'S SIGNATURE	TIME & DATE SPECIMEN TAKEN
		Dr Bhar	10 AM/PM 28/11
MICROSCOPY			

ENRICHMENT MEDIA ONLY

STAPHYLOCOCCI RES
(COAG-+) SG-5

P
CB. FO DA E CN Te

PLEASE PRINT CLEARLY WITH A BALLPOINT PEN OR PLAGE LABELS ON BOTH FORMS

CH 364372		The Royal Hospitals, Belfast	
SURN	MSTR ADAM STRAIN	NATURE OF SPECIMEN	LAB No.
ADDR	04/08/91 Male	Central line swabs (distal lumen) REQUEST C/S please	M95/0259
WARD/CLINIC	RD/OP CONSULTANT	CLINICAL DIAGNOSIS & REASON FOR REQUEST Post Renal Transplant	ANTIBIOTIC THERAPY
HOSPITAL No.	P.P.	DOCTORS SIGNATURE DR. Bhat	TIME & DATE SPECIMEN TAKEN 10 AM/PM 28/11/
MICROSCOPY			
<p>ENRICHMENT MEDIA ONLY</p> <p>STAPHYLOCOCCI <u>RES</u> P.</p> <p>(COAG +ve) <u>SENS</u> CB FO DA E CN TC</p> <p>WB</p>			
PLEASE PRINT CLEARLY WITH A BALLPOINT PEN OR PLACETABLETS IN THE FORMS			

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES

RQH.

TRUST/DMU

HOSPITAL/COMMUNITY LIAISON : GENERAL NURSING SERVICES

FACILITY RBHSC. Wd/Dept. PCU.
 NAME Adam Irvine CONSULTANT Dr. Savage
 ADDRESS [REDACTED] GEN. PRACT. Dr. Scott The Surgery
9, Brook St., Hollywood B.P.H.
 Date of Adm. 25.11.95
 Date of Disch. 28.11.95 Died
 Date of Birth 4.8.91. School _____
 DIAGNOSIS/CONDITION Renal Failure - Renal Transplant.
 TREATMENT RECEIVED Vanilakon, Intakepo.

NURSING TREATMENT REQUIRED All Care

MEDICATION ON DISCHARGE

AIDS/EQUIPMENT ORDERED — YES/NO

OTHER SUPPORTING SERVICES REQUIRED YES/NO

FURTHER RELEVANT INFORMATION

Diagnosed brain stem death on 28/11/95 @ 7.10am.
Results from post mortem not yet known.

MESSAGE BY TELEPHONE TO (YES/NO)

SIGNED Carol M. Gormick DATE 30.11.95.
 (SISTER/CHARGE NURSE)

REFERRAL ACTION TAKEN

ROYAL HOSPITALS

HOSPITAL No.

95275 CASE NOTE DISCHARGE SUMMARY

364377

Dear Doctor

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Referral No.

Contract No.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name ADAM STRAIN

Address

D.O.B. 4/8/91 Ward Male* ☒ Female* ☐

↑ Please place addressograph label here on all 4 sheets ↑

*
TICK
OR
DELETE
AS
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	25/11/95	Died	
CONSULTANT NAME		28.11.95	
WARD	PICU		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>	35T OP RENAL TRANSPLANT	CODE
OTHER DIAGNOSIS	BRAIN STEM DEATH	
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE	VENTILATION
SECONDARY PROCEDURE	CT Scan
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST

COMMENTS Adam was admitted to PICU following a kidney transplant. Unfortunately he was found to have cerebral oedema and was brain stem dead. The coroner was informed.

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements Further Summary Letter Yes ☐ No ☒

Yours sincerely (signature) Date 6/12/95

Name in Block Letters R. A. LOR Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Complications 1.

Consultants Initials