



Business Services
Organisation

Directorate of Legal Services

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

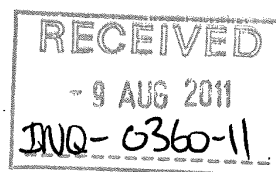
2 Franklin Street, Belfast, BT2 8DQ
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Your Ref:
BC-0035-11

Our Ref:
HYP B04/2

Date:
9th August 2011

Ms Bernie Conlon
Inquiry Secretary
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS – CLAIRE ROBERTS

I refer to your letter of 4th July 2011 (BC-0035-11.)

1. EEG Equipment

- (i) I refer to my letter dated 24th November 2010 in response to Question 3 in the Inquiry's letter of 15th September 2010 (AD-0166-10).
- (ii) Response to follow.
- (iii) Response to follow.

2. Protocols/Guidelines/Policy

(i), (ii) and (vi) I refer to my letter dated 10th January 2011 in response to Question 6a in the Inquiry's letter of 15th September 2010 (AD-0167-10). It would be good clinical practice to document transfer of care in both the medical and nursing records.

The transfer of care to PICU is documented by Dr McKaigue at 7.10 on 23rd October 1996 (090-022-058.)

- (iii) Response to follow.
- (iv) Response to follow.
- (v) Response to follow.

3. Dr. Sands

- (i) Three months as a locum Registrar in Paediatric Cardiology, and then two and a half months as a substantive Registrar by 21st October 1996.
- (ii) Registrar.

Providing Support to Health and Social Care



INVESTOR IN PEOPLE

(iii) No and no.

4. Response to follow.

5. High Dependency Unit

(i) Although the map already provided to the Inquiry in responses to the Inquiry's letter of 21st July 2010 (AD-0156-10) shows the position of HDU, this was not specifically for the use of high dependency patients with needs which could be managed in ward areas or in the intensive care unit if space allowed.

6. Intensive Care Unit

(i) In October 1996 the RBHSC criterion for admission to PICU was usually a critically ill child who required intubation and ventilation. There were no protocols or guidelines for admission to PICU.

Yours faithfully

pp Nicola Dooho

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