



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:
BC-0035-11

Our Ref:
HYP B04/2

Date:
8th September 2011

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



Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to my letter of 9th August 2011 in response to your letter of 4th July 2011 (BC-0035-11) in which responses to EEG Equipment 1(ii) and (iii), Protocols/ Guidelines/ Policy 2 (iii), (iv) and (v), Nursing Staff 4 remained outstanding, I now enclose the additional responses:

1. EEG Equipment

- (i) The equipment available in RBHSC was a Medelec DG 32 machine.
- (ii) [REDACTED] EEG Technologists
- (iii) [REDACTED]

2. Protocols/Guidelines/Policy

- (iii) No.
- (iv) The 1996 pre-printed standardised care plan form for RBHSC as used in Claire Roberts' admission on 21st October 1996 (090-043-145) does not state the frequency for observations, nor does the routine observation chart for 21st October 1996 (090-044-147), however the CNS Observation Chart for 22nd October 1996 does (090-039-137). The introduction of the Sick Childrens Early Warning Score (SCEWS) observation chart addressed this. (Copies for Age 1-5 and Age 6-12 enclosed).
- (v) There was and is no policy but practice would have been and is to discuss concerns with nurse in charge and if he/she was or is concerned he/she would contact next most senior doctor. The introduction of SCEWS has provided a clear basis for this.

4. Nursing Staff

Providing Support to Health and Social Care



- (i) Audrey Lockhead, Nurse Manager, RBHSC
(ii) Angela Pollock, Sister, Allen Ward

Yours faithfully

W Wendy Beggs

Wendy Beggs
Assistant Chief Legal Adviser

Direct Line: [REDACTED]
Email: [REDACTED]

Belfast Health and Social Care Trust
Paediatric Standard Observations Chart
(Age 6 - 12)

Use addressograph - otherwise write in capitals

Surname: _____
First names: _____
Consultant: _____ Ward: _____
Hospital no: _____
DOB: _____

Ward _____ Month _____ Year _____
Weight of child _____ Kg

How To Use This Chart

- Step 1. Record the child's basic observations (Resp Rate, SaO₂, Temp, BP, Heart Rate, CNS, CRT and urine output).
Step 2. If an observation falls in the yellow, orange or red (at risk) zone, this observation is given a score according to the SCEWS Key; yellow = 1 point, orange = 2 points, red = 3 points. Repeat this process for each observation in a yellow, orange or red zone.
Step 3. Add the points together to give the Total SCEWS and record this.
Step 4. The algorithm on the reverse of this chart will then show you what to do with the Total SCEWS.

- When is the Total SCEWS calculated?
- On admission
 - In the event of a sudden worrying change
 - If there is a worsening trend
 - If concerned the child looks unwell
 - If directed by the algorithm (back of this chart).

SCEWS key

	0
	1
	2
	3

Observation frequency	Date	Frequency	Date
Time	Time	Time	Time
Resp. Rate (Insert number)	>45 35-45 25-35 20-25 15-20 12-15 <12	3 2 1 1 1 1 1	3 2 1 1 1 1 1
SaO ₂ (Insert number)	>92 90-92 85-89 <85	3 2 2 3	3 2 2 3
Inspired O ₂ % U/min			
Temperature C (Plot ●)	40 39 38 37 36 35	3 2 2 2 2 2	3 2 2 2 2 2
Blood Pressure (Record the systolic, diastolic and mean pressures. But note, SCEWS uses only the systolic pressure.)	180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 Map	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Pulse/Heart Rate (Plot ●)	170 160 150 140 130 120 110 100 90 80 70 60 50 40	3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3 3 3 3 3
Capillary refill time (sec)	>4 3-4 2-3 <2	3 2 2 3	3 2 2 3
Level of consciousness (Plot ●) Alert A Voice V Pain P Unresponsive U			
Urine output	>3 ml/kg/hr 2-3 ml/kg/hr 1-2 ml/kg/hr 0.5-1 ml/kg/hr <0.5 ml/kg/hr	3 2 2 2 3	3 2 2 2 3
Total SCEWS			
Initials	A B C D E F G H I J K L M N O P Q R S T		
Wound 1&2			
Drain 1			
Drain 2			
CVP			
BM			
FACES/RULES Pain score			
Nausea score			
Sedation score			
Wound 1&2			
Drain 1			
Drain 2			
CVP			
BM			
FACES/RULES Pain score			
Nausea score			
Sedation score			

The Royal Belfast Hospital for Sick Children Observations Algorithm

Total SCEWS score	Action	Variance
0-1	Continue with current management	
2-3	Inform nurse in charge Hourly observations	Document rationale if action not taken
> 4 or 3 for any parameter	Inform nurse in charge Half hourly observations Contact Doctor - to attend within 30 minutes	Document rationale if action not taken

Observations explanation		
Pain tool	Sedation score	Nausea score
FACES/RULERS	0 = Crying/upset	0 = No nausea
	1 = Awake/settled	1 = Mild nausea
	2 = Drowsy/rousable	2 = Severe nausea
	3 = Unrousable*	3 = Vomiting
* If sedation score is >3, increase SCEWS by 1 point.		

Paediatric
(Age 1-5)

Use addressograph - otherwise write in capitals

Surname: _____

First names: _____

Consultant: _____ Ward: _____

DOB: _____

Ward

Month

Year

How To Use This Chart

Step 1. Record the child's basic observations (Resp Rate, SaO₂, Temp, BP, Heart Rate, CNS, CRT and urine output).

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SCEWS key

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	1
	2
	3

[illegible]

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