

# The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Angela Crawford  
Directorate of Legal Services  
2 Franklin Street  
BELFAST  
BT2 8DQ

Your Ref: NSCB04/1  
NSCW50/1  
NSCS071/1

Our Ref: HW-0017-11

Date: 13<sup>th</sup> June 2012

Dear Ms Crawford,

**Re: Claire Roberts**

I refer you to the 'Autopsy Request Form' completed by Dr Heather Steen. On page 2 of the request it states:

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

Dr Steen then proceeded to complete parts (1) (a) and (b) below this.

I would be grateful if you could now confirm if a 'death certificate' had been completed prior to the autopsy request and who it was completed by. If a 'death certificate' was not completed, please confirm if any other document was completed in relation to this and the nature of that document.

Further, please forward a copy of this 'death certificate' or document to the Inquiry as a matter of urgency.

I enclose a copy of the relevant form for your convenience and request a response to this query by 20<sup>th</sup> June 2012.

Yours sincerely,



Htaik Win  
Assistant Solicitor to the Inquiry

**Secretary:** Bernie Conlon

Arthur House, 41 Arthur Street, Belfast, BT1 4GB

**Email:** [inquiry@ihrdni.org](mailto:inquiry@ihrdni.org) **Website:** [www.ihrdni.org](http://www.ihrdni.org) **Tel:** 028 9044 6340 **Fax:** 028 9044 6341

**ROYAL VICTORIA HOSPITAL  
AUTOPSY REQUEST FORM**

NAME: Claire Roberts. AUTOPSY No: A 114/96.  
D.o.B.: 10-1-87 SEX: F HOSPITAL No. 328770.  
CONSULTANT: Dr Webb / Dr Steen. WARD: ICU HOSPITAL RBHSC  
DATE OF ADMISSION: 22-10-96. DATE OF DEATH: 23-10-96.  
DATE OF AUTOPSY: \_\_\_\_\_ TIME OF AUTOPSY: \_\_\_\_\_  
TIME COMPLETE REQUEST RECEIVED IN MORTUARY: \_\_\_\_\_

**CLINICAL PRESENTATION: (major symptoms)**

9 1/2 year old girl with a history of mental handicap admitted with increasing drowsiness and vomiting.

**HISTORY OF PRESENT ILLNESS:** Well until 72 hours before admission.

Cause had vomiting and diarrhoea. She had a few loose stools and then

24 hours prior to admission started to vomit. Speech became slurred and she became increasingly drowsy. Felt to have sub clinical seizures. Treated

with rectal diazepam / IV phenytoin / IV valproate. Acyclovir + cefotaxime cover given.

Serum Na<sup>+</sup> dropped to 121 @ 23-30h on 22-10-96. ? Inappropriate ADH secretion.

Fluids restricted. Respiratory arrest 0300 23-10-96. Intubated + transferred

ICU - CT scan - cerebral oedema. Brain stem death criteria fulfilled @ 0600 + 18-15 hrs.

**PAST MEDICAL HISTORY (incl drug therapy):**

Ventilation discontinued 18-45 hrs.

Mental handicap

Seizures from 6 months - 4 years.

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

See chart.

**CLINICAL DIAGNOSIS** Cerebral oedema 2° to status epilepticus

? underlying encephalitis

Use back of this sheet if required

**LIST CLINICAL PROBLEMS IN ORDER OF IMPORTANCE:**

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

- (1) Cerebral Oedema
- (2) Status Epilepticus
- (3) Inappropriate ADH secretion
- (4) ! Viral encephalitis

**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:

(1)  
(a) Cerebral oedema  
due to

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

(b) Status epilepticus

(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 Heather S Shen

Please write your name legibly and give an extension number where you can be contacted Alfco 327613

**THE FINDINGS OF THE AUTOPSY WILL BE TELEPHONED TO THIS NUMBER**