

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

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

Your Ref: NSCB04/1
NCSW50/1

Our Ref: AD-0556-13

Date: 11th April 2013

Dear Ms Beggs,

Re Claire Roberts: Evidence of Professor Ian Young

I refer to the above.

During the course of giving evidence Professor Young raised an issue about the accuracy of an Inquiry document entitled "Claire Roberts Timeline of Events", document reference 310-001-001.

To clarify all issues regarding this document the attached note has been prepared. It is the intention of the Inquiry to circulate this note once Professor Young has had an opportunity to make any comment he might wish to make regarding its contents.

I would be grateful if you would provide Professor Young with a copy of this note and ask him to respond to the Inquiry within 7 days, should he wish to do so.

I am grateful for your assistance.



Anne Dillon
Solicitor to the Inquiry
Enc

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CLARIFICATION NOTE

The purpose of this note is to address queries raised by Professor Young about the accuracy of a document produced by the Inquiry Legal Team, entitled "Claire Roberts Timeline of Events", document reference 310-001-001.

With reference to this document, Professor Young, during the course of giving evidence on 10th December 2012 stated:

"Definitely the midazolam line is not right because I agree: (a), it doesn't appear to have any axis or scale to reference it to so you'd expect a scale that shows the ml per hour; and (b) it makes no sense at all that it's flat because clearly, from the fluid balance chart, the midazolam infusion was continuing, if it's a cumulative total, which I think it is from the shape of the line." (transcript of 10th December 2012, p.148 lines 8-15)

The following is an explanation of the chart.

The dark blue line on the timeline shows the cumulative fluids received i.e. both the Solution 18 and all the IV medication. The scale to be used is the scale on the left hand side which applies to all three fluid lines (1. Solution 18, 2. IV Medication 3. Cumulative fluids)

The lighter blue line on the timeline shows the cumulative total of Solution 18 received.

The purple line at the bottom right hand corner of the timeline shows 'IV Medication' as indicated by the key. This is a line showing the cumulative amount of IV medication received by Claire according to the Fluid Balance Chart. It therefore includes the midazolam, phenytoin and the acyclovir. The bars above the line explain when the various drugs were administered. As the timings of administration are based solely on the fluid balance chart and drug prescription sheets, rather than the oral evidence (for example, that of Dr. Stewart) the phenytoin (for the purposes of the chart) is deemed to have been started at 23:00 and run until 00:00.

In response to Professor Young's observations regarding the chart:

- The scale is the same as used for all of the fluid lines – the scale on the left hand side.
- The purple cumulative IV medication line appears to be flat during the administration of midazolam between from about 16:30 to 03:00, but it is in fact not flat – the small amount of midazolam administered per hour (2ml/hr increasing to 3ml/hr) is simply so small on the scale that the purple line is increasing but at a rate that is almost too small to see.

The graph is therefore correct, so far as it is based on the fluid balance chart and drug prescription sheets.

Restriction of fluids after 23:30

Professor Young has repeated in a witness statement to the Inquiry (WS-178-6, p.5) that he considers that the planned restriction of IV fluids to 2/3 of the previous rate did occur at 23:30. The Inquiry has updated its 'Schedule of IV & Medication Input' at Ref: 310-015-001. There are now two versions – one based solely on the Fluid Balance Chart (Ref: 310-015-002

with an administration of Phenytoin between 23:00 and 00:00), and one based additionally on the evidence of Dr. Stewart on 6th November 2012 from p.65-68 (Ref: 310-015-003 with an administration of Phenytoin between 23:30 and 00:00).

As can be seen, whether there was a rate of restriction of IV fluids to 2/3 following the discovery of the sodium result at 23:30 is dependent on the time of administration of the phenytoin. This has been a matter of factual dispute and is a matter for the Chairman.

11th April 2013