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

Your Ref: NSCB04/1
NSCW50/1
NSCS071/1
Our Ref: AD-0183-10

Date:27 October 2010

Dear Ms Beggs,

Re Investigation into the death of Adam Strain

I refer to the above.

I enclose for your ease of reference, copies of two drafts of recommendations formulated by RBHSC paediatric anaesthetists after Adam's death (Inquiry references 060-018-036 and 011-014-107a).

I would be grateful if you would advise me whether the recommendations contained in the draft statements were ever substantive; what was the circulation list and were the recommendations circulated outside the RBHSC and the Eastern Trust?

Yours sincerely,

Anne Dillon
Solicitor to the Inquiry

DRAFT

In the light of the Adam Strain case, the Arieff et al. paper (BMJ 1992) and a number of renal transplants complicated by hyponatraemia leading to death in 10 (reported May 1996) we make the following recommendations for the prevention and management of hyponatraemia arising during paediatric surgery.

1. Major surgery in patients with a potential for electrolyte imbalance should have a full blood picture (which includes a haematocrit value) and an electrolyte measurement performed 2 hourly or more frequently if indicated by the patient's clinical condition.
2. A serum sodium value of less than 128 mmol/l indicates that hyponatraemia is present and requires intervention by the anaesthetist. A value of 123 mmol/l or less indicates the onset of profound hyponatraemia and must be managed immediately.
3. The operating theatre must have access to timely reports of the full blood picture and electrolytes to allow rapid intervention by the anaesthetist, when indicated.

19/06/96

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DRAFT STATEMENT

In the light of the rare circumstances encountered in the Adam Strain case, and having regard to the information contained in the paper by Arieff et al (BMJ 1992) and additionally having regard to information which has recently come to notice that perhaps there may have been nine other cases in the United Kingdom involving hyponatraemia which led to death in patients undergoing renal transplantation, the Royal Hospitals Trust wish to make it known that:

in future all patients undergoing major paediatric surgery who have a potential for electrolyte imbalance will be carefully monitored according to their clinical needs, and where necessary, intensive monitoring of their electrolyte values will be undertaken. Furthermore, the now known complications of hyponatraemia in some of these cases will continue to be assessed in each patient, and all anaesthetic staff will be made aware of these particular phenomena and advised to act appropriately.

The Trust will continue to use its best endeavours to ensure that operating theatres are afforded access to full laboratory facilities to achieve timely receipt of reports on full blood picture and electrolyte values thereby assisting rapid anaesthetic intervention when indicated.

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