TABLE OF NURSES' TRAINING & EXPERIENCE[1]

With particular reference to hyponatraemia & record keeping

WS Ref:	Name	Registration	Employment, Date & Grade			Education, Training & Experience[2]		Altnagelvin induction
			Altnagelvin	June 2001	Current	Pre-Registration	Post-Registration (pre Raychel's admission)	
048	Daphne Patterson	April 1988	March 1999 Grade D Children's Nurse	Grade D Paediatrics	Grade D	3 year training at RBHSC (Jan.1985-Mar.1988), which included education on ensuring correct administration of intravenous fluids as prescribed by the doctor, checked by the nurses and signed for following administration. No specific training received on hyponatraemia. The importance of record keeping. Part of her training for return to practice included the correct administration of intravenous fluids but there was no specific training in hyponatraemia.	3 years as Staff Nurse Grade D at RBHSC (Apr.1988-Jan.1991). Career break until March 1999 during which 2 years as child care worker (Sep.1997-Feb.1999). Return to Professional Practice course (Oct.1998 & Mar.1999) Aware of the importance of accurate record keeping and documentation from advice on the ward. However, no training or advice on hyponatraemia and that relating to post-operative fluid management was that: *"it was standard ward practice for surgical doctors to prescribe the intravenous fluids pre-operatively and these fluids were recommenced post-operatively"* – Ref: WS048/2, p.3 No previous experience of hyponatraemia in post-operative surgical patients. Also: *"I was not aware of any incidents in other hospitals involving No.18 solution"* – Ref: WS-048/1, p.7 No knowledge of the Arieff et al paper and would not have been expected to. Also: *"not aware of the term 'hypotonic'; therefore was not aware of any dangers that could occur as long as the child was receiving intravenous fluids this would maintain their hydration"* – Ref: WS-048/1, p.12	General ward induction in March 1999. It did not include specific training about hyponatraemia.
049	Ann Noble	April 1985	May 1999 Grade D	Grade E Paediatrics	Grade E	3 year training at Altnagelvin Hospital (Apr.1982-Apr.1985)	Worked as a paediatric nurse from 1989, the first year of which was in the infectious fever unit for children. Grade E achieved in October 1999. No specific training in hyponatraemia and her training on post-operative fluid management: "*ensured that children received intravenous fluids until they were able to drink and pass urine"* – Ref: WS-049/2, p.3. As regards post-operative fluid management: *"I do not recall the person who decided that Solution 18 was to be recommenced on return to the ward. It was noted on the recovery area care chart [Ref: 020-014-022] and this would have been our usual practice"* – Ref: WS-049/2, p.5	Informal induction to the ward by the senior Staff Nurses and Ward Sisters Little and Millar

1 Save where indicated to the contrary, the information has been taken from the witnesses' Inquiry witness statements. For an explanation of the grades – see: 'Nomenclature & Grading; Nurses 1989-2012' – Ref: 303-004-051

2 Professor Mary Hanratty has produced a Background Paper for the Inquiry: *"Chronology of Nurse Education in Northern Ireland – Comparisons with UK mainland and Republic of Ireland 1975 to date"* Ref: 303-048-571. It addresses the likely content of nurses education in Northern Ireland

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							As to record-keeping of fluid management: *"The nurses' responsibility was to ensure that [the daily intake and output charts plus intravenous fluid sheet] was completed during their shift"* – Ref: Ref: WS-049/1, p.4. Although she was aware of post-operative vomiting, which she did not regard as uncommon, she: *"had not knowingly encountered hyponatraemia as a post-operative complication"* – Ref: WS-049/1, p.4. Aware of the difference between 'Hartman's Solution' and 'Solution 18' No knowledge of the Arieff et al paper. Also: *"not aware of the term hypotonic -therefore I was unaware of the dangers of frequent vomits"* – Ref: WS-049/2, p.14 No experience of a child suffering from hyponatraemia post-operatively	
050	Marian McGrath	1976	1980 Theatre Nurse	Theatre Nurse	DESU Recovery	3 year training at Altnagelvin Hospital (Jan.1973-Feb.1976), which included: *"basic fluid balance and the importance of documentation, recording, observation and monitoring of the patient"* – Ref: Ws-050/2, p.2 Q.1(b). Does not recall whether the training included hyponatraemia or fluid management in children (including the use of hypotonic fluids). However, she: *"was taught to identify a change from a normal post-operative recovery condition and seek help if … concerned"* - Ref: WS-050/2, p.2 Q.1(b).	1 year post-registration supervisory period under senior nurses, surgeons & anaesthetists. Understood: *"if a child who was already on hypotonic fluids was experiencing prolonged vomiting that child would have required urgent medical intervention"* - Ref: Ws-050/2, p.7 Q.6. Also: *"while a child was in theatre and recovery the anaesthetist was responsible for organising fluids … when the child was returned to the ward the responsibility passed to the surgical team"* - Ref: Ws-050/2, p.7 Q.7. Furthermore: *"it was normal practice for IV fluids which had been commenced before surgery to be recommenced upon the patient's return to the ward without a new prescription"* – Ref: WS-050/2, p.5 No knowledge of the Arieff et al paper	No formal post-registration theatre induction
051	Michaela McAuley nee Rice	October 1999	June 2000 Grade D Children's Nurse	Grade D Paediatrics	Grade D	3 year training at RBHSC – 1996 under Project 2000 and 1997-1999 under Queen's University Belfast. It emphasises the importance of setting up prescribed fluids, ensuring 2 staff nurses check the fluids and good record keeping.	Neurological ward in RBHSC for 8 months (Nov.1999-Jun.2000), and thereafter ward 6 at Altnagelvin. Diploma in Children's Nursing from Queen's University Belfast (May 2000), which included working with paediatric surgical cases: *"Post op. experience included … recording fluid balance charts – (-inputs +outputs), recording oral fluids or IV fluids, and recording – output (urine/vomit)"* – Ref: WS-051/2, p.2 Q.1(c).	General paediatric ward induction (Jun.2000), which referred to *"quality of services"* – Ref: WS-051/2, p.34. The induction checklist is endorsed by Sister Millar with a note

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						Training on fluid balance management was a topic studied in class as to theory with the practical training taking place on the ward. *"I cannot recall exact details but Hyponatraemia was mentioned with regards patients who had vomiting and diarrhoea. No mention on surgical patients. Signs and symptoms of hyponatraemia was not discussed"* – Ref: WS-051/2, p.28 Q28. See too Ref: WS-051/1, p.5 and Ref: WS-051/2, p.6 Q.4	No specific training on hyponatraemia or education and advice on post-operative fluid management. The training on record keeping of fluid management confirmed her student training. Also, she had: *"no idea who was responsible"* for prescribing intravenous fluids for post-operative children – Ref: WS-051/2, p.4 Q.3(e). No knowledge of the Arieff et al paper and would not have been expected to. Further, she had not encountered a child suffering from hyponatraemia	making it clear that it did not involve training – Ref: WS-051/2, p.35.
052	Avril Roulston	1984	August 1986 Children's Nurse	? Grade D Paediatrics	? Grade D	Standard 3 year training at RBHSC (1981-1984)	2 years on Musgrave Ward at RBHSC (1984-1986). Attended course on 'Messages for Meningococcal Disease by Dr. Robert Taylor (25 Oct.1996), on 'Children's Nursing: Creating the Future' (Oct.1997) and on 'Developing Care for Children' (Sept.1998). No instruction or training at Altnagelvin on hyponatraemia. Advice and training on record-keeping was given at ward level. As regards fluid management: *"If the child was on IV fluids I was not aware that there could be an electrolyte imbalance"* and *"I was not aware of the dangers involved [for a child experiencing prolonged post-surgical vomiting who was on hypotonic IV fluids] as long as the child was receiving IV fluids"* – Ref: WS-052/2, p.12 Q.10. No knowledge of the Arieff et al paper and would not have been expected to. Unaware of hyponatraemia.	General ward induction when she started at Altnagelvin by the ward sister/nurse in charge
053	Sandra Gilchrist	February 1987	May 1990 Grade D	Grade D	Ward Sister Band 6 Paediatrics	Nurse's training at Altnagelvin Hospital	Attended course on 'Quality care for kids' (Oct.1997), 'Paediatric continence' (Jun.1998), 'Paediatric Resuscitation' (Aug.1999), 'Epilepsy where we are now' (Jun.1999), 'Complaints procedure' (May 2000). Experience of paediatric surgery including appendicectomy and considerable experience in paediatric meningitis, epilepsy and life-limiting conditions. No advice, training or instruction on hyponatraemia. The advice on post-operative fluid management: *"was just to ensure that intra venous fluids were to be erected only if prescribed by doctor caring for child, and they were to be run at prescribed rate and all intake and output*	Did not receive a ward level induction when she started at Altnagelvin

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							was to be recorded" – Ref: WS-053/2, p.3 Q.3. The advice on record keeping of fluid management: *"fluids must be properly prescribed by member of team looking after the child and documented on correct prescription sheet, checked, signed for by two trained staff, and all intake and output was to be recorded. also a care plan was assigned to the child … and an hourly check of these fluids and cannula insertion site was carried out and signed by the member of staff who carried out this check"* – Ref: WS-053/2, p.3 Q.3. Also, advised that *"it was the responsibility of the surgical doctors/anaesthetist who was looking after child to prescribe intravenous fluids"* – WS-053/2, p.4 Q.3. No knowledge of the Arieff et al paper. However: *"I had heard of hyponatraemia but had not come across it in a patient"* – Ref: 012-044-214 and Ref: WS-053-2, p.12 Q.9. She understood: *"that it indicated low blood sodium but not a s a post-operative complication"* – Ref: WS-053/2, p.12 Q.9. Also she understood that an electrolyte imbalance: *"could occur due to blood losses or as result of excessive diarrhoea or vomiting but that if replacement fluids were being administered then this would resolve this imbalance"* – Ref: WS-053/2, p.13 Q.9(c)(vi)	
054	Fiona Bryce	1980	June 1981-1982 Children's nurse Grade D April 1991-2001	Grade D	Band 6	Standard 3 year training at RBHSC (Aug.1997-Oct.1980). Cannot recall specific training on hyponatraemia. Training included record-keeping on fluid management and the correct administration of IV fluids as prescribed on the fluid balance sheet by the doctor.	PICU at RBHSC (Nov.1980 – Apr.1981) and Special Care Baby Unit (SCBU) at Altnagelvin (Jun.1981-Sep.1982). Approximately 8 year 'break of service'. Back to Nursing Course (Jan.1991-Mar.1991). Course on IV administration of drugs and IV cannulation techniques (Nov.1995). No specific training in hyponatraemia, post operative fluid management. Ward level training about record-keeping on fluid management. No knowledge of the Arieff et al paper and would not have been expected to. Her: *"Understanding of hyponatraemia was low sodium"* but she *"had not encountered problems with sodium balance in a surgical patient before"* or indeed a non-surgical patient – Ref: WS-054/1, p.5 and WS-054/2, p.11 Q.17. Also: *"the terminology 'hypotonic intravenous fluid' was not known. A child who was vomiting 12 hours post surgery and was receiving Solution 18 as their intravenous fluid caused no concern as their hydration was being maintained"* – Ref: WS-054/2, p.10 Q.10.	General paediatric ward induction in March 1991 by staff nurse in charge

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							She considered that the surgical team was responsible for the post-operative fluid management of paediatric surgical cases. *"Normal Ward practice was to recommence pre-operative fluids as prescribed by the doctor on fluid balance sheet"* –Ref: WS-054/2, p.5	
055	Elizabeth Lynch	1983	1983 Auxiliary Nurse	Auxiliary Nurse	Retired	NVQ 2 Direct Care (Feb.1998). Auxiliary nurses were not involved in fluid management or observation on post-operative patients and received no training in those areas.	Not registered.	Nursing Auxiliary introduction when she started at Altnagelvin but cannot recall details.
056	Elizabeth Millar	January 1971	September 1976 Paediatrics	Grade G 1 Ward Sister (1986) Paediatrics	Retired (2010)	3 year training at RBHSC (1969-1971), which included instruction on observations and record keeping	Registered Sick Children's Nurse 1971. Thereafter 5 years at RBHSC, of which 2 years was as a Ward Sister (Sep.1974-Aug.1976). Acting as Sister at Altnagelvin (Oct.1985-Jul.1986) and subsequently became Ward Sister (Jul.1986). Courses on 'International Paediatric Nursing Conference (Sept.1998) and 'Paediatric Update' (Mar.2000). No training on fluid management in children including the use of hypotonic fluids and no formal training on the management of post-operative vomiting and nausea – knowledge gained from experience. No training on hyponatraemia. Practice on the prescription of intravenous fluids for children: *"has been for the admitting Surgical JHO or SHO to prescribe intravenous fluids for the surgical patients … more frequent that the SHO or the Registrar will carry this out"* – Ref: WS-056/1, p.5 Also: *"For immediate 12 hours post-operatively the Anaesthetic Team were responsible for prescribing post-op fluids and checking electrolytes. Thereafter it was the responsibility of the surgical team"* – Ref: WS-056/2, p.23 Q.22. Further, 2 nurses check the prescribed fluid. As to the choice of fluid: *"Hartmann's Solution may have been given intraoperatively but on return to the ward the intravenous fluid was continued as Solution 18. The intravenous fluid was continued as prescribed prior to Theatre or the Surgical doctor was asked to re-prescribe the fluid. Solution 18 was perceived to be the 'safe' intravenous fluid … whereas intravenous Hartmann's was not due to it having no glucose"* – Ref: WS-056/1, p.5. It was: *"Custom and practice to continue the pre-op prescription"* – Ref: WS-056/2, p.15 Q.10 and Ref: WS-056/2, p.16 Q.10(f). She did not understand there to be dangers for a child with	No formal induction or training received

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							prolonged post-surgical vomiting who was on hypotonic intravenous fluids because: *"the losses were being replaced and hydration was being maintained"* – Ref: WS-056/2, p.23 No knowledge of the Arieff et al paper. Had not seen or been aware of hyponatraemia in post-operative surgical children.	