

**VIEWS ON THE RESPONSIBILITY FOR
PAEDIATRIC IV FLUID PRESCRIPTION: RAYCHEL**

WITNESSES' VIEWS		
Anaesthetists		
Gund ¹ (SHO)	Paediatricians Managed by ward doctors. N.B. His normal practice before Raychel was that Anaesthetics were responsible (normally continuing intraoperative fluids)	
Jamison ² (SHO)	Initially: Anaesthetists	On the ward: Paediatricians / Surgeons The initial anaesthetic prescription (whether written up as a prescription or on the anaesthetic record) was commonly subject to a re-prescription of Solution No.18 at the time, both by paediatrics and surgical teams.
Date ³ (Registrar)	Cannot recall	

¹ Ref: WS-023/2, p.3, p.4, p.5, p.6, p.8, Transcript of 5th February 2013, p.208-210

² Ref: WS-024/2, p.4, p.7, Transcript of 7th February 2013, p.107-112, p.133, p.137

³ Ref: WS-031/2, p.5

Allen ⁴ (SHO)	Does not know.	
Nesbitt ⁵ (Consultant)	<p>Initially: Anaesthetists</p> <p>Usually instigated by the anaesthetist in theatre and taken over by the surgical team in the post-operative period. Paediatric staff would be present on the children's ward more commonly than surgeons and on occasions might be asked to prescribe fluids</p>	<p>On the ward: Surgeons</p> <p>Monitoring of fluids in the postoperative period would be the responsibility of nursing staff and prescription of further fluids, surgical staff.</p>
Surgeons		
Devlin ⁶ (JHO)	Does not know – JHOs would not prescribe.	
Curran ⁷ (JHO)	Does not know	
Makar ⁸ (SHO)	<p>Initially: Anaesthetists</p> <p>Until the next morning, as it depends on the intra-operative fluid given and whether there is an estimated deficit or overload.</p> <p>This period covers the time during which the patient is in recovery and is usually extended to include the initial period the patient spends in the ward in order to avoid a gap in fluid</p>	<p>On the ward: Surgeons (sometimes Paediatricians)</p> <p>Oral evidence: Surgical team take over once they have finished the fluids prescribed by anaesthetists</p> <p>WS: Patient assessed depending on whether they tolerate IV fluids. Surgical team under the advice of paediatricians when needed. Paediatrics not uncommonly wrote IV fluids due to their availability in ward 6 and familiarity with paediatric fluid</p>

⁴ Ref: WS-033/2, p.6

⁵ Ref: WS-035/1, p.7

⁶ Ref: WS-027/2, p.7, p.13

⁷ Ref: WS-028/2, p.13

⁸ Ref: WS-022/2, p.5, p.10, p.11, p.22, Transcript of 6th February 2013 at p.19

SCHEDULE OF VIEWS ON FLUID MANAGEMENT

	management.	management.
Zafar ⁹ (SHO)	Paediatricians N.B. He advised sips of oral fluid and reduction of IV fluids once oral fluids were tolerated.	
Zawislak ¹⁰ (Locum Staff Grade)	Initially: Anaesthetists Often the intraoperative fluid regime is continued.	On the ward: Surgeons He would always ask for advice from paediatrics when doing so. When the anaesthetist's fluids ran out, Nurses would often contact the surgical JHO or SHO
Bhalla ¹¹ (Registrar)	SHOs on team looking after the patient were responsible	
Gilliland ¹² (Consultant)	Initial: Anaesthetists Continuation of intra-operative fluids started by anaesthetists and taken over by the surgical team on return to the ward	On the ward: Surgeons (sometimes Paediatricians) Often prescribed by more senior members of the surgical team during routine ward rounds. Surgical team should be notified by nursing staff if they had concerns about vomiting. Paediatric staff would be present on the children's ward more frequently than surgical staff and may on occasions be asked to prescribe fluids.
Paediatricians		

⁹ Ref: WS-025/2, p.5, p.18, p.11, p.19

¹⁰ Transcript of 5th February 2013 at p.89-94

¹¹ Ref: WS-034/2, p.14 (he is unclear which discipline the SHOs come from)

¹² Ref: WS-044/1, p.4, p.16, p.22

Butler ¹³ (SHO)	Surgeons or Paediatricians She would regularly have asked to prescribe for surgical patients and the surgeons would have been busy.	
Johnston ¹⁴ (SHO)	Surgeons Surgical paediatric patients were fully managed by the surgical team of doctors in all aspects of their care, including fluid management.	
Trainor ¹⁵ (SHO)	Surgeons	
McCord ¹⁶ (Consultant)	Initial: Anaesthetists or Surgeons	On the ward: Surgeons
	Paediatric involvement was ad hoc and advisory. He presumes a written fluid balance/IV fluid prescription was returned from theatre with the patient. See also <u>WS-032/1, p.5</u> regarding responsibility for post-op fluids after Raychel’s death.	
Nurses		
S/N McGrath ¹⁷	Initially: Anaesthetists	On the ward: Surgeons Normal practice was for pre-operative fluid regime to be recommenced upon patient’s return to the ward without a new prescription

¹³ Ref: WS-026/2, p.5, p.7, p.9

¹⁴ Ref: WS-29/2, p.5, p.14

¹⁵ Ref: WS-030/2, p.3, p.9

¹⁶ Ref: WS-032/1, p.4, p.5

¹⁷ Ref: WS-050/2, p.5, p.7

SCHEDULE OF VIEWS ON FLUID MANAGEMENT

S/N Patterson ¹⁸	Surgeons Continue pre-operative fluids post-operatively Although surgical doctors were responsible for the surgical patients, if a child was unwell, a paediatric doctor could be asked to review.	
S/N Noble ¹⁹	Surgeons	
S/N McAuley ²⁰	Surgeons Since June 2001, the anaesthetists are in charge for the first 12 hours, with the surgeons in charge afterwards.	
S/N Roulston ²¹	Does not know, but surgical doctors looked after surgical patients	
S/N Gilchrist ²²	Does not know	
S/N Bryce ²³	Surgeons	
Sister Millar ²⁴	Initially: Anaesthetists For immediate 12 hours post-op	On the ward: Surgeons Continue pre-operative fluids post-operatively

¹⁸ Ref: WS-048/2, p.3, p.9, p.12

¹⁹ Ref: WS-049/2, p.10, p.15

²⁰ Ref: WS-051/2, p.21, p.27

²¹ Ref: WS-052/2, p.11

²² Ref: WS-053/2, p.14

²³ Ref: WS-054/2, p.4, p.10

²⁴ Ref: WS-056/2, p.15, p.16, p.23