

CHRONOLOGY OF EVENTS: RAYCHEL DOB 4th February 1992

Clinical Timeline Post-Collapse on Saturday 9th June 2001

Time	Event	Conflicts in evidence
03:00	N/A Lynch checks on the children in Room I and sees that Raychel's bed was wet. She goes over to see her when she started to draw up her arms and her hands were clenched.	SN Noble says that N/A Lynch, who is in the next cubicle, is alerted by the noise Raychel is making and finds her fitting ¹ . She repeats that at the meeting of 3 rd September 2001. ²
	N/A Lynch informs SN Noble that Raychel was fitting. ³	
	SN Noble attends. She observes that Raychel is lying in a left lateral position, is not cyanosed, but has been incontinent of urine and is in a tonic state. Her hands and teeth are tightly clenched ⁴ Pulse 76bpm Temp 37.6C	
03:05	SN Noble asks Dr. Johnston to attend urgently as he was at the nursing station in Ward 6. ⁵	N/A Lynch: There were seconds between her (Lynch's) observation of a fit and the attendance of Dr. Johnston. ⁶
	Dr. Johnston attends.	SN Noble: Dr Johnston was unsuccessful in obtaining an airway ¹⁹

¹ Counsel's notes of SN Noble's evidence at Inquest (Ref: 098-020-056)

² Notes of meeting of 3rd September 2001 (Ref: 022-084-218)

³ SN Noble's original statement (Ref: 021-069-162)

⁴ SN Noble's original statement (Ref: 021-069-162) – she also confirms the details in the Observation Sheet (Ref: 020-016-032)

⁵ SN Noble's original statement (Ref: 021-069-162) and Dr. Johnston's original statement (Ref: 021-058-140)

⁶ N/A Lynch's Inquiry statement (Ref: WS-055/2, p.6)

Time	Event	Conflicts in evidence
	<p>Finds Raychel having a 'generalised tonic seizure'.⁷ This was similar to a tonic clonic seizure but without the associated rhythmic movement.⁸</p> <p>SN Noble administers 5mg rectal diazepam while Dr. Johnston observes.⁹ Raychel is unresponsive¹⁰ and fitting continued.¹¹ He then administers 10mg IV Diazepam¹² Seizure stopped.</p> <p>Dr. Johnston administered oxygen by a face mask¹³ and requested oxygen saturation recording.¹⁴ Raychel was gurgling & salivating so Dr. Johnston performed suction to maintain patent airway. She was also 'pushing the mask away'¹⁵</p> <p>Pupils equal and responding to light.¹⁶</p> <p>Dr. Johnston performs a cardiovascular, respiratory, neurological and abdominal examination.¹⁷ No abnormality on examination¹⁸.</p>	<p>Dr. Johnston: Airway was satisfactory.²⁰</p> <p>Vital signs:</p> <p>Observation sheet: Pulse 76bpm, Temp 37.6C²¹</p> <p>SN Noble: Pulse 78bpm, O2 sats high 90s²²</p> <p>Clinical note by Dr Johnston: Pulse 80bpm, Temp 36C²³</p> <p>Dr. Johnston: Pulse 80bpm, Temp 36.6, O2 sats 99%²⁴</p>

¹⁹ SN Noble's original statement (Ref: 021-069-162)
⁷ Ref: 021-058-140
⁸ Counsel's notes of Dr. Johnston's evidence at Inquest (Ref: 098-026-076)
⁹ Drug sheet (Ref: 020-017-034)
¹⁰ Clinical Notes (Ref: 020-007-013)
¹¹ Observation Chart (Ref: 020-016-032)
¹² Drug sheet (Ref: 020-017-034)
¹³ Dr. Johnston's original statement (Ref: 021-058-140)
¹⁴ SN Noble's original statement (Ref: 021-069-162)
¹⁵ SN Noble's original statement (Ref: 021-069-162)
¹⁶ SN Noble's original statement (Ref: 021-069-162)
¹⁷ Dr. Johnston's Inquiry statement (Ref: WS-029/1, p.3)
¹⁸ Dr. Johnston's original statement (Ref: 021-058-140)
²⁰ Dr. Johnston's original statement (Ref: 021-058-140)
²¹ Observation Sheet (Ref: 020-016-032)
²² SN Noble's original statement (Ref: 021-069-163)
²³ Clinical notes (Ref: 020-007-013)
²⁴ Dr. Johnston's original statement (Ref: 021-058-140)

Time	Event	Conflicts in evidence
	<p>Dr. Johnston read Raychel’s medical notes, though not her nursing notes.²⁵ He was told by SN Noble that she had been reasonably well and had vomited that day.²⁶ She also told him that she had received an antiemetic.²⁷</p>	
03:15	<p>Dr. Johnston makes note in the chart.²⁸</p> <p>He queries a post-op complication secondary to vomiting and electrolyte abnormality. He wanted a review by a registrar or consultant.</p>	
	<p>Dr. Johnston bleeps the Surgical JHO, Dr. Curran.²⁹</p> <p>Dr. Johnston explains to Dr. Curran that Raychel had no history of epilepsy and was afebrile (no temperature).³⁰</p> <p>Dr. Johnston asks him to contact his surgical registrar and SHO urgently.</p>	
	<p>N/A Lynch sits with Raychel while SN Noble attempts to contact the family.³¹ She says that she was unable to get a response despite several attempts.</p>	<p>Mr. Ferguson says that they did not miss any phone calls.³²</p>
	<p>Dr. Curran attends</p>	

²⁵ Counsel’s notes of Dr. Johnston’s evidence at Inquest (Ref: 098-026-076)

²⁶ Counsel’s notes of Dr. Johnston’s evidence at Inquest (Ref: 098-026-076)

²⁷ Dr. Johnston’s Inquiry statement (Ref: WS-029/1, p.3)

²⁸ Clinical notes (Ref: 020-007-013)

²⁹ SN Noble’s original statement (Ref: 021-069-162) and Dr. Johnston’s original statement (Ref: 021-058-140)

³⁰ Dr. Johnston’s original statement (Ref: 021-058-140)

³¹ SN Noble’s original statement (Ref: 021-069-163)

³² Mr. Ferguson’s PSNI statement (Ref: 095-005-018)

Time	Event	Conflicts in evidence
	<p>Dr. Johnston suspects an electrolyte abnormality was a likely cause of the fit³³, as she was post surgery, afebrile and had no history of epilepsy³⁴. He considered a number of possibilities, including hyponatraemia³⁵.</p> <p>Dr. Johnston discusses the case with Dr. Curran and requests that Dr Curran run an electrolyte picture (EP), calcium, magnesium and a full blood picture³⁶. Dr. Johnston asked for blood tests for diagnostic purposes,, not because he had hyponatraemia specifically in mind³⁷</p>	
	<p>Dr. Johnston ‘strongly advises’ Dr Curran to contact his senior colleagues.³⁸</p>	
03:15 ³⁹	<p>Dr. Curran bleeps Mr Zafar who said he was in casualty and would come to the ward soon.⁴⁰</p>	<p>Dr. Johnston believes that Dr. Curran bleeped both Mr. Zafar and Mr. Bhalla and confirmed this with Dr. Curran.⁴¹ It is unclear if Dr Curran bleeped the latter.</p>
03:30	<p>Dr. Curran obtains blood for investigation and sends a sample to the laboratory⁴² Dr. Curran is assisted by SN Noble.⁴³</p>	<p>SN Gilchrist says that she assisted Dr. Curran with the blood samples.⁴⁴ This is contrary to the timings (she returns from her break at 03:40, but the blood sample is timed at 03:30) and SN Noble’s account.</p>

³³ Dr. Johnston’s original statement (Ref: 021-058-140)

³⁴ Counsel’s notes of Dr. Johnston’s evidence at Inquest (Ref: 098-026-076)

³⁵ Counsel’s notes of Dr. Johnston’s evidence at Inquest (Ref: 098-026-076)

³⁶ Clinical Notes (Ref: 020-007-013)

³⁷ Counsel’s notes of Dr. Johnston’s evidence at Inquest (Ref: 098-026-076)

³⁸ Dr. Johnston’s original statement (Ref: 021-058-140)

³⁹ Mr. Zafar’s original statement (Ref: 021-059-143)

⁴⁰ Dr. Johnston’s original statement (Ref: 021-058-140)

⁴¹ Dr. Johnston’s Inquiry statement (Ref: WS-029/1, p.10 & 11)

⁴² Blood results (Ref: 020-022-042)

⁴³ SN Noble’s original statement (Ref: 021-069-163)

⁴⁴ SN Gilchrist’s original statement (Ref: 098-023a-066)

Time	Event	Conflicts in evidence
	Raychel cool to touch, temperature 36.6, still agitated and oxygen is continued via a face mask ⁴⁵	
	<p>Full blood picture (though not electrolytes) becomes available.</p> <p>Dr. Johnston phones biochemistry lab – they had not received sample⁴⁶</p> <p>Dr Johnston asks Dr Curran – he confirms sample was sent</p> <p>Dr Johnston phones biochemistry lab and tells them to look for the sample</p> <p>Dr Johnston phones lab reception and haematology lab to see if sample was there</p> <p>Haematology lab confirmed they had the sample. Dr Johnston asks them to give it to biochemistry lab for testing.</p> <p>Dr Johnston phones biochemistry lab to ask them to get the sample from haematology lab.</p>	
	Dr. Johnston phones biochemistry lab and they confirm the sample was retrieved and was going to be processed urgently ⁴⁷	
03:40	SN Gilchrist returns from her break and is informed by SN Noble of Raychel’s seizure. ⁴⁸	

⁴⁵ Observation Sheet (Ref: 020-016-032)

⁴⁶ Dr. Johnston’s Inquiry statement (Ref: WS-029/2, p.11)

⁴⁷ Dr. Johnston’s Inquiry statement (Ref: WS-029/2, p.12)

⁴⁸ SN Gilchrist’s original statement (Ref: 098-023a-066)

Time	Event	Conflicts in evidence
03:45 ⁴⁹	SN Noble reaches Mr. Ferguson and informs him that Raychel had fittid and medical staff are in attendance. ⁵⁰ She does not tell him Raychel is seriously ill as she was unaware of the seriousness of her condition. ⁵¹ Mr. Ferguson decided to allow his wife to sleep and came to the hospital on his own. ⁵²	Mr. Ferguson also times this phone call at 03:45, but says that they did not miss any phone calls. ⁵³ Mrs. Ferguson times the phone call at 03:50. ⁵⁴
	Dr. Johnston performs a 12 lead ECG ⁵⁵ to rule out a cardiac cause ⁵⁶ Raychel remains stable, no signs of seizure activity and observations normal.	
	Dr. Johnston examines the ECG and directs Dr. Curran to repeat it. ⁵⁷	
	SN Noble asks SN Bryce to record Raychel's blood pressure, which is within normal limits. ⁵⁸	
04:00	Dr. Johnston leaves to discuss the case with Dr. Trainor at the neonatal intensive care unit. He explains the situation and asks her to review the child. ⁵⁹	Dr. Johnston has since timed this at 03:30-03:45 in his Inquiry statement ⁶⁰ Dr. Trainor times this at 04:15 - though she does not make any distinction between the time at which Dr. Johnston spoke to her and the time she

⁴⁹ Mrs. Ferguson's deposition (Ref: 012-025-137)
⁵⁰ SN Noble's original statement (Ref: 021-069-163) and SN Gilchrist's original statement (Ref: 098-023a-066)
⁵¹ SN Noble's Inquiry statement (WS-049/2, p.13)
⁵² SN Noble's original statement (Ref: 021-069-163) and SN Gilchrist's original statement (Ref: 098-023a-066)
⁵³ Mr. Ferguson's PSNI statement (Ref: 095-005-018)
⁵⁴ Mrs. Ferguson's PSNI statement (Ref: 095-003-013)
⁵⁵ Dr. Johnston's original statement (Ref: 021-058-140)
⁵⁶ Counsel's notes of Dr. Johnston's evidence at Inquest (Ref: 098-026-076)
⁵⁷ SN Noble's original statement (Ref: 021-069-163)
⁵⁸ SN Noble's original statement (Ref: 021-069-163)
⁵⁹ Dr. Johnston's original statement (Ref: 021-058-141) & Dr. Trainor's original statement (Ref: 021-063-150)
⁶⁰ Dr Johnston's Inquiry statement (Ref: WS-029/2, p.9)

Time	Event	Conflicts in evidence
		attended Raychel. ⁶¹ Her clinical note says that she attended at 04:15. ⁶²
04:00	<p>Mr. Ferguson arrives⁶³</p> <p>He says that Raychel’s bed was surrounded by nurses and doctors. He saw Raychel shaking / trembling in bed.</p> <p>He describes the situation as “complete chaos”.⁶⁴</p> <p>SN Noble notes that Raychel was having intermittent tonic episodes and her pulse rate fluctuated between 78 and 140bpm.⁶⁵</p>	Only Dr. Curran was present at this time.
	<p>SN Gilchrist speaks to Dr. Curran and says that Raychel is very ill and that the Paediatric Registrar should be contacted immediately⁶⁶</p> <p>SN Gilchrist bleeps Dr. Trainor</p>	<p>SN Noble states that SN Gilchrist bleeped Dr. Trainor.⁶⁷ Dr. Johnston states that he was bleeped as he finished his conversation with Dr Trainor by the nurses on Ward 6.⁶⁸</p> <p>NB. It may be that SN Gilchrist bleeped Dr. Johnston instead to get Dr. Trainor to attend.</p>
	<p>Dr. Johnston bleeped by nurses on Ward 6.⁷⁰ He is told that Raychel looked more unwell and asked him to get Dr. Trainor to review the child. He tells the nurse that Dr. Trainor was coming soon.</p> <p>He tells Dr. Trainor about the bleep and Dr. Trainor asks him to finish off her</p>	Dr. Trainor does not mention any bleep in her original witness statement. ⁶⁹

⁶¹ Dr. Trainor’s original statement (Ref: 021-063-150)

⁶² Clinical notes (Ref: 020-015-023)

⁶³ Mr. Ferguson’s PSNI statement (Ref: 095-005-018), SN Noble’s original statement (Ref: 021-069-163) and SN Gilchrist’s original statement (Ref: 098-023a-066)

⁶⁴ Mr. Ferguson’s PSNI statement (WS-021-1, p.12)

⁶⁵ SN Noble’s original statement (Ref: 021-069-163)

⁶⁶ SN Gilchrist’s original statement (Ref: 098-023a-066) – note that SN Gilchrist refers to Dr. Trainor as a Paediatric Registrar, even though she was not

⁶⁷ SN Noble’s original statement (Ref: 021-069-163)

⁶⁸ Dr. Johnston’s original statement (Ref: 021-058-141)

⁶⁹ Dr. Trainor’s original statement (Ref: 021-063-150)

⁷⁰ Dr. Johnston’s original statement (Ref: 021-058-141)

Time	Event	Conflicts in evidence
	admissions so that she may attend Raychel.	
04.10	Raychel's pulse is recorded as being 124 and her blood pressure as 104/73 ⁷¹ by SN Bryce ⁷²	
04:15 ⁷³	<p>Dr. Trainor attends the ward⁷⁴</p> <p>SN Noble informed her that Raychel's tonic episodes were now every 2-3 minutes and that her pupils were sluggish but reacting to light.⁷⁵</p> <p>Dr. Curran checks Raychel's blood results from 03:30 on the computer and it is noted that her sodium is 119 and potassium is 3.⁷⁶</p>	SN Gilchrist times this at 04:20, which is contrary to the clinical note ⁷⁷
	<p>Dr. Trainor asks Dr. Curran if the blood sample was taken from the arm where the drip was running. He tells her it was not.⁷⁸</p> <p>Dr. Trainor directs Dr. Curran to repeat the electrolytes urgently, do blood cultures and a venous gas, which he did.</p>	
	Dr. Trainor looks at Raychel's notes - realises that she has vomited approx 7 times. ⁷⁹	

⁷¹ Observation sheet (Ref: 020-016-032)

⁷² SN Bryce's Inquiry statement (Ref: WS-054/1, p.3)

⁷³ Clinical notes (Ref: 020-015-023)

⁷⁴ Clinical notes (Ref: 020-015-023)

⁷⁵ SN Noble's original statement (Ref: 021-069-163)

⁷⁶ Dr. Trainor's original statement (Ref: 021-063-150)

⁷⁷ SN Gilchrist's original statement (Ref: 098-023a-066)

⁷⁸ Dr. Trainor's original statement (Ref: 021-063-150)

⁷⁹ Dr. Trainor's original statement (Ref: 021-063-150)

Time	Event	Conflicts in evidence
	Dr. Trainor enters Room 1 ⁸⁰	
	Dr. Trainor introduces herself to Mr. Ferguson ⁸¹	Dr. Trainor does not mention Mr. Ferguson being present on her arrival in her original statement. ⁸²
	<p>Dr. Trainor examines Raychel⁸³</p> <p>She looked very unwell. She was unresponsive. Her pupils were dilated and unreactive.</p> <p>Breathing sounded 'rattly', but she was maintaining O2 sats of 97% with face mask oxygen. Pulse 160bpm. Petechial rash around her face, neck, upper chest and her trunk appeared flushed. Her limbs were floppy. Apyrexial.</p> <p>Raychel looks very unwell and is unresponsive. Pupils are dilated and unresponsive. Still apyrexia. Face flushed and widespread red rash. Petechiae on neck and upper chest noted, probably secondary to vomiting.</p> <p>Pulse 124bpm, B.P. 104/73⁸⁴</p> <p>At this stage, Dr. Trainor was considering a number of causes including hyponatraemia (indicated by the 119 result) and meningitis (a possible cause of the rash).⁸⁵</p>	<p>SN Gilchrist says that her pupils were sluggish but reactive to light at the start of Dr. Trainor's examination, but became dilated during the examination.⁸⁶</p>

⁸⁰ Dr. Trainor's original statement (Ref: 021-063-150)

⁸¹ SN Noble's original statement (Ref: 021-069-163)

⁸² Dr. Trainor's original statement (Ref: 021-063-150)

⁸³ Dr. Trainor's original statement (Ref: 021-063-150) and SN Noble's original statement (Ref: 021-069-163)

⁸⁴ Clinical notes (Ref: 020-015-023)

⁸⁵ Dr. Trainor's evidence to Inquest (Ref: 098-027-081)

⁸⁶ SN Gilchrist's original statement (Ref: 098-023a-067)

Time	Event	Conflicts in evidence
04:35	Further repeat blood sample taken. The results of the repeat electrolytes later show Raychel's serum sodium at 118mmol/L and her magnesium 0.59 ⁸⁷	
04:30	Dr. Curran arrives in the neonatal intensive care unit to give Dr. Johnston an arterial blood sample. ⁸⁸ Dr. Trainor had requested that this be processed on the arterial blood gas machine. ⁸⁹ Dr. Curran informs Dr Johnston of the electrolyte results and Raychel's deterioration.	Dr. Johnston times this at 04:30. ⁹⁰ However, it must have been after Dr. Curran took the repeat blood sample which is timed at 04:35. ⁹¹
04:35	Dr. Trainor asks SN Noble to bleep Dr. McCord. ⁹²	<p>Dr. McCord says he was first contacted at 03:45.⁹³ He subsequently amended this to "in the early hours of the morning" at the Inquest.⁹⁴</p> <p>SN Gilchrist says that Dr. Trainor contacted Dr. McCord 'immediately' on her eyes becoming dilated.⁹⁵</p> <p>Dr. Trainor says this occurred "within five or ten minutes" of seeing Raychel⁹⁶</p>
	Dr. Trainor speaks to Dr. McCord on the phone. She asks him to attend immediately. ⁹⁷	

⁸⁷ Laboratory Results (Ref: 020-022-043)

⁸⁸ Dr. Johnston's original statement (Ref: 021-058-141)

⁸⁹ Results are at: 020-015-025 and are timed at 04:30

⁹⁰ Dr. Johnston's original statement (Ref: 021-058-141)

⁹¹ Laboratory Results (Ref: 020-022-043)

⁹² Dr. Trainor's original statement (Ref: 021-063-150) and SN Noble's original statement (Ref: 021-069-163)

⁹³ Dr. McCord's original statement (Ref: 021-070-165)

⁹⁴ Dr. McCord's evidence to Inquest (Ref: 098-033-101)

⁹⁵ SN Gilchrist's original statement (Ref: 098-023a-067)

⁹⁶ Dr. Trainor's evidence to Inquest (Ref: 098-027-081)

⁹⁷ Dr. Trainor's original statement (Ref: 021-063-150)

Time	Event	Conflicts in evidence
	<p>Dr. Trainor tells Dr. McCord that Raychel looked very unwell and that she had a few discrete petechiae. He directs commencement of high dose antibiotics and to seek anaesthetic assistance should there be any further deterioration in condition.⁹⁸</p> <p>Dr. McCord cannot recall whether they discussed the low sodium reading on the phone⁹⁹, but if told about it, he would have directed rechecking.¹⁰⁰</p> <p>Dr. McCord proceeds to the hospital</p>	
	<p>Raychel carried to treatment room by SN Noble¹⁰¹, while Dr. Trainor was on the phone with Dr. McCord¹⁰². Propack and saturation monitor attached.</p> <p>Pulse 80-90bpm.O2 sats in high 90s.</p>	
	<p>Dr. Trainor speaks with Mr. Ferguson in the treatment room.¹⁰³ She explains that Raychel had had a seizure, they were unsure why but that she was very ill, that she was worried about her condition, and that the Consultant was coming in to assess her.</p>	
	<p>Mr. Ferguson leaves the treatment room to phone his wife.¹⁰⁴</p>	<p>Mrs. Ferguson states that Mr. Ferguson phoned her about 15 minutes after he left.¹⁰⁵</p>

⁹⁸ Dr. McCord's original statement (Ref: 021-070-165)

⁹⁹ Dr. McCord's evidence to Inquest (Ref: 098-033-103)

¹⁰⁰ Counsel's note of Dr. McCord's evidence to Inquest (Ref: 098-034-109)

¹⁰¹ SN Noble's original statement (Ref: 021-069-164) and SN Gilchrist's original statement (Ref: 098-023a-067)

¹⁰² Dr. Trainor's original statement (Ref: 021-063-150)

¹⁰³ Dr. Trainor's original statement (Ref: 021-063-150)

¹⁰⁴ Dr. Trainor's original statement (Ref: 021-063-150)

¹⁰⁵ Mrs. Ferguson's PSNI statement (Ref: 095-003-013)

Time	Event	Conflicts in evidence
	SN Noble asks N/A Lynch to make Mr. Ferguson a cup of tea. She takes him into the kitchen. He turns down the offer of tea and is "very quiet". N/A Lynch tries to console him and "try not to worry she is in the best place." ¹⁰⁶	
	Dr. Trainor asks for Dr. Johnston to attend to assist her. ¹⁰⁷	Dr. Johnston does not mention this in his original statement ¹⁰⁸
04:40 ¹⁰⁹	Drs. Johnston and Curran arrive in the treatment room ¹¹⁰ Dr. Trainor asks Dr. Johnston to insert a second IV cannula and take two blood samples for meningococcal pcr and antibodies.	Dr. Johnston corrects this time from 04:55 to 04:40 at the Inquest ¹¹¹ , although the original time remains in his Inquiry witness statement. ¹¹²
05:00	Dr. Johnston administers antibiotics: 2.5g of cefotaxime (antibiotic) and 1.2g of benzypenicillin at the request of Dr. Trainor. ¹¹³	The 05:00 timing is according to the drug sheet, but Dr. Trainor said at the Inquest that the time was not filled in on the drug sheet, so she filled it in, estimating an administration time of 05:00. ¹¹⁴ Dr. Trainor times this as occurring before Dr. Date was bleeped. ¹¹⁵ Dr. Johnston times this as being after the attendance of Dr Date and the intubation and before the attendance of Dr. McCord ¹¹⁶ .

¹⁰⁶ N/A Lynch's Inquiry statement (Ref: WS-055/1, p.3)

¹⁰⁷ Dr. Trainor's original statement (Ref: 021-063-150)

¹⁰⁸ Dr. Johnston's original statement (Ref: 021-058-141)

¹⁰⁹ Dr. Johnston's deposition (Ref: 098-025-072)

¹¹⁰ Dr. Johnston's original statement (Ref: 021-058-141)

¹¹¹ Dr. Johnston's deposition (Ref: 098-025-072)

¹¹² Dr. Johnston's Inquiry statement (Ref: WS-029/1, p.3)

¹¹³ Dr. Johnston's original statement (Ref: 021-058-141) and Drug Sheet (Ref: 020-017-034)

¹¹⁴ Counsel's note of Dr. Trainor's evidence at Inquest (Ref: 098-028-087)

¹¹⁵ Dr. Trainor's original statement (Ref: 021-063-150)

¹¹⁶ Dr. Johnston's original statement (Ref: 021-058-141)

Time	Event	Conflicts in evidence
	Raychel remained unresponsive but was maintaining her O2 saturations ¹¹⁷	
	Anaesthetic registrar bleeped in anticipation of airway management ¹¹⁸	The first bleep is not mentioned by either Dr. Trainor ¹¹⁹ or Dr. Johnston ¹²⁰
	Raychel's eyes became fixed and dilated ¹²¹	This is not mentioned in any statement other than SN Gilchrist's.
	After 5 minutes, Raychel's O2 sats fell to 80%, then 70% and she became apnoeic. ¹²²	SN Gilchrist says that Raychel's eyes became fixed and dilated, then the anaesthetic registrar was fast bleeped, then her O2 sats fell to 85% ¹²³ This order of events is at odds with SN Noble and Dr. Trainor.
	Anaesthetic registrar fast bleeped as Raychel had to be bagged. ¹²⁴	Dr. Date times this at between 04:15 and 04:30 ¹²⁵
	<p>Dr. Date attends¹²⁶</p> <p>Raychel was not breathing, was blue, but had a pulse.</p> <p>Dr. Date bleeps Dr. Allen (SHO) to assist.¹²⁷</p>	Dr. Date believes it took her less than 5 minutes to reach Ward 6 ¹²⁸ . Dr Trainor states that she attended "very quickly". ¹²⁹

¹¹⁷ Dr. Trainor's original statement (Ref: 021-063-150)

¹¹⁸ SN Noble's original statement (Ref: 021-069-164)

¹¹⁹ Dr. Trainor's original statement (Ref: 021-063-150)

¹²⁰ Dr. Johnston's original statement (Ref: 021-058-141)

¹²¹ SN Gilchrist's original statement (Ref: 098-023a-067)

¹²² Dr. Trainor's original statement (Ref: 021-063-150) and Dr. Date's clinical note (Ref: 020-023-048)

¹²³ SN Gilchrist's original statement (Ref: 098-023a-067)

¹²⁴ SN Noble's original statement (Ref: 021-069-164) and Dr. Trainor's original statement (Ref: 021-063-150)

¹²⁵ Dr. Date's original statement (Ref: 021-064-153)

¹²⁶ Dr. Date's original statement (Ref: 021-064-153)

¹²⁷ Dr. Allen's PSNI statement (Ref: 095-016-073)

¹²⁸ Dr. Date's original statement (Ref: 021-064-153)

Time	Event	Conflicts in evidence
	Dr. Allen attends. ¹³⁰	Dr. Allen understood that Solution 18 had been stopped prior to his arrival. ¹³¹ No-one else notes this.
	Dr. Date intubates with a size 6 endotracheal tube ¹³² with the assistance of Dr. Allen. ¹³³ Colour improved and O2 sats rose again to above 90%. ¹³⁴	
	Dr. Date contacts Dr. Nesbitt and requests him to come to the hospital. ¹³⁵ Dr Nesbitt was not on duty but he says that 'due to pressure on the on call team extra help had been requested'. ¹³⁶	
04:45 ¹³⁷	Dr. McCord attends ¹³⁸ Raychel is well-perfused but unresponsive. Pupils fixed and dilated. Fundi were sharp.	Dr. McCord says he arrived at approx 04:45 ¹³⁹ , Dr. Date was already there and that Raychel was already intubated ¹⁴⁰ . Counsel's note of the Inquest indicated that she had not yet been intubated, ¹⁴¹ but this is not noted in the Coroner's note ¹⁴² and is directly contradictory to the evidence given in Dr. McCord's Deposition. ¹⁴³

¹²⁹ Dr. Trainor's original statement (Ref: 021-063-150)

¹³⁰ Dr. Allen's PSNI statement (Ref: 095-016-073)

¹³¹ Dr. Allen's Inquiry statement (Ref: WS-033/2, p.4)

¹³² SN Noble's original statement (Ref: 021-069-164)

¹³³ Dr. Allen's PSNI statement (Ref: 095-016-073)

¹³⁴ Dr. Date's original statement (Ref: 021-064-153)

¹³⁵ Dr. Date's original statement (Ref: 021-064-153)

¹³⁶ Dr. Nesbitt's original statement (Ref: 021-066-157)

¹³⁷ Dr. McCord's evidence to Inquest (Ref: 098-033-103)

¹³⁸ Dr. McCord's original statement (Ref: 021-070-165)

¹³⁹ Dr. McCord's evidence to Inquest (Ref: 098-033-103)

¹⁴⁰ Dr. McCord's original statement (Ref: 021-070-165)

¹⁴¹ Counsel's note of Dr. McCord's evidence to Inquest (Ref: 098-034-109)

Time	Event	Conflicts in evidence
	Repeat electrolyte results received: sodium of 118 and magnesium of 0.59 ¹⁴⁴ IV fluids switched to 0.9% saline at a reduced rate of 40ml/hr ¹⁴⁵	
05:00	Mr. Bhalla phoned and immediately attends ¹⁴⁶ On examination: pupils fixed and dilated. Petechiae over upper half of trunk. Abdomen soft and mildly distended. Directed immediate nasogastric tube insertion, catheterisation and repeat blood chemistry.	
05:00 ¹⁴⁷	Mr. Zafar attends ¹⁴⁸	Mr. Zafar puts this at 05:00, and notes that Raychel was already intubated at this stage and that his senior colleagues were present (presumably Mr. Bhalla) ¹⁴⁹ Dr. Johnston times this at 04:45 during his evidence to the Coroner ¹⁵⁰ , but this does not make sense since he initially times Mr. Zafar's arrival as being after the administration of antibiotics (05:00) and the arrival of Dr McCord

¹⁴² Dr. McCord's evidence to Inquest (Ref: 098-033-103)

¹⁴³ Dr. McCord's deposition (Ref: 098-033-101)

¹⁴⁴ Dr. Trainor's original statement (Ref: 021-063-150)

¹⁴⁵ Dr. Trainor's original statement (Ref: 021-063-150) and Dr. McCord's original statement (Ref: 021-070-165)

¹⁴⁶ Mr Bhalla's PSNI statement (Ref: 095-017-074)

¹⁴⁷ Mr. Zafar's Inquiry statement (WS-025/1, p.5)

¹⁴⁸ Dr. Johnston's original statement (Ref: 021-058-141) and Mr. Zafar's Inquiry statement (WS-025/1, p.5)

¹⁴⁹ Mr. Zafar's Inquiry statement (WS-025/1, p.5)

¹⁵⁰ Dr. Johnston's evidence to Inquest (Ref: 098-025-072)

Time	Event	Conflicts in evidence
		(Pre-05:20). He subsequently times the arrival of Mr. Zafar and Mr. Bhalla at 05:00 in his Inquiry statement. ¹⁵¹
	Radiographer contacted to arrange CT scan ¹⁵²	
	SN Noble asks what fluids are required ¹⁵³	
05:00	Mrs. Ferguson arrives ¹⁵⁴ Mr Ferguson was crying and saying that Raychel's heart had stopped and that staff were working with her. ¹⁵⁵	Mrs. Ferguson's arrival is noted at 05:00 in the notes of the meeting of 3 rd September 2001 ¹⁵⁶ , but in her deposition, she says that she first saw Raychel at 04:50. ¹⁵⁷ In her PSNI witness statement, she says she arrived 20 minutes after Mr. Ferguson's phone call. ¹⁵⁸ On the basis that he phoned her shortly after Raychel's transfer to the treatment room, this would put her arrival at 04:55/05:00.
	Dr McCord speaks to Raychel's family. ¹⁵⁹	Dr. Trainor says that Dr. McCord spoke to Raychel's parents. Dr. McCord has a faint recollection of speaking to two female relatives after his arrival in ward 6. ¹⁶⁰

¹⁵¹ Dr Johnston's Inquiry statement (WS-029/2, p.11)

¹⁵² SN Noble's original statement (Ref: 021-069-164)

¹⁵³ SN Noble's original statement (Ref: 021-069-164)

¹⁵⁴ Notes of meeting of 3rd September 2001 (Ref: 022-084-219)

¹⁵⁵ Mrs. Ferguson's PSNI statement (Ref: 095-003-013)

¹⁵⁶ Notes of meeting of 3rd September 2001 (Ref: 022-084-219)

¹⁵⁷ Mrs. Ferguson's deposition (Ref: 012-025-137)

¹⁵⁸ Mrs. Ferguson's PSNI statement (Ref: 095-003-013)

¹⁵⁹ Dr. Trainor's original statement (Ref: 021-063-151)

¹⁶⁰ Dr. McCord's Inquiry statement (Ref: WS-032/1, p.4)

Time	Event	Conflicts in evidence
04:50	Mr. & Mrs. Ferguson see Raychel ¹⁶¹	Mrs. Ferguson says this occurred at 04:50 and after a doctor told her that Raychel would be going for a CT scan. ¹⁶² It seems likely that the doctor was Dr. McCord. However, in the notes of the meeting of 3 rd September 2001, Mrs. Ferguson is noted as saying that she arrived at 05:00. ¹⁶³
	SN Noble speaks to Raychel's parents. They were 'understandably upset'. She informed them that doctors were attending Raychel, stabilising her condition and arranging further investigations and tests, and that someone would speak to them as soon as possible. ¹⁶⁴ Mrs. Ferguson recalls SN Noble offering them a cup of tea and saying that Raychel went downhill very quickly and that she did not know what happened. ¹⁶⁵	
05:20	Dr. Trainor gives 1ml of Magnesium Sulphate ¹⁶⁶	
	Dr. Trainor catheterises Raychel with a size 10 foley catheter ¹⁶⁷	
	Dr. Date and Dr. Allen prepare Raychel for transfer to radiology. They artificially ventilate her with a portable monitor. ¹⁶⁸	

¹⁶¹ Mrs. Ferguson's deposition (Ref: 012-025-137)

¹⁶² Mrs. Ferguson's deposition (Ref: 012-025-137)

¹⁶³ Notes of meeting of 3rd September 2001 (Ref: 022-084-219)

¹⁶⁴ SN Noble's original statement (Ref: 021-069-164)

¹⁶⁵ Mrs. Ferguson's Inquiry statement (Ref: WS-020-1, p.19)

¹⁶⁶ Drug sheet (Ref: 020-017-034)

¹⁶⁷ Dr. Trainor's original statement (Ref: 021-063-151)

Time	Event	Conflicts in evidence
	Dr. Date leaves Dr. Allen with care of Raychel. ¹⁶⁹	
05:30	Raychel transferred to Radiology Department ¹⁷⁰ accompanied by Dr. Trainor ¹⁷¹ and Dr. Nesbitt ¹⁷² , Dr. Allen ¹⁷³ and a nurse ¹⁷⁴ .	
06:03 ¹⁷⁵	CT scan performed ¹⁷⁶ by Dr. Morrison The initial impression of CT scan was one of subarachnoid haemorrhage with raised intracranial pressure ¹⁷⁷	
	Dr. Nesbitt contacts the Neurosurgical unit at the Royal. ¹⁷⁸	
	Neurosurgical unit at the Royal request a second CT scan. ¹⁷⁹	
06:15	Dr. McCord erroneously notes that the CT scan of Raychel's brain was "verbally normal". ¹⁸⁰	Dr. Morrison states that "at no time did I report the CT scan as being normal" and that "I did not have any direct communication with Dr. Brian

¹⁶⁸ Dr. Date's original statement (Ref: 021-064-153)

¹⁶⁹ Dr. Date's original statement (Ref: 021-064-153)

¹⁷⁰ Dr. Nesbitt's original statement (Ref: 021-066-157)

¹⁷¹ Dr. Trainor's original statement (Ref: 021-063-151)

¹⁷² Dr. Nesbitt's original statement (Ref: 021-066-157)

¹⁷³ Dr. Allen's PSNI statement (Ref: 095-016-073)

¹⁷⁴ Dr. Trainor's original statement (Ref: 021-063-151)

¹⁷⁵ Dr Forbes' report (Ref: 225-002-003)

¹⁷⁶ Dr. Nesbitt's original statement (Ref: 021-066-157)

¹⁷⁷ Clinical notes on the scans (Ref: 020-015-026); Clinical notes (Ref: 020-023-049)

¹⁷⁸ Dr. Nesbitt's PSNI statement (Ref: 095-010-031)

¹⁷⁹ Dr. Nesbitt's original statement (Ref: 021-066-157)

Time	Event	Conflicts in evidence
		McCord ¹⁸¹
	Dr McCord speaks to Raychel's parents and says that the brain is clear and that if he could get her sodium it would be better. ¹⁸² He advises that they wanted to get a second scan done.	Dr. McCord has no recollection of speaking to the family in the CT suite, but accepts it is possible that he may have done. ¹⁸³ Mrs. Ferguson recalls him as "Dr McCay", a "small man with white hair". ¹⁸⁴ Mr. Ferguson recalls him as a "grey haired man". ¹⁸⁵
07:00 ¹⁸⁶	Raychel transferred to ICU ¹⁸⁷ for stabilising prior to transfer ¹⁸⁸	
	N/A Lynch brings down clothes to ICU. Mr & Mrs Ferguson and Raychel's aunt sitting in corridor. N/A Lynch tries to comfort parents. She said she was sorry about their little girl and "if it turned out to be a clot that she was in the best place". Raychel's aunt agreed and thanked her for bringing down the clothes.	
	Dr. Trainor has a brief conversation with Raychel's parents and explains that Raychel is very ill and the anaesthetists were looking after her. ¹⁸⁹	
08:29 ¹⁹⁰	A second CT scan (contrast scan) was arranged at the request of the	

¹⁸⁰ Clinical notes (Ref: 020-015-025) and Dr McCord's Inquiry statement (Ref: WS-032/1, p.3) and Mrs Ferguson's deposition (Ref: 012-025-137)

¹⁸¹ Dr. Morrison's Inquiry statement (Ref: WS-036/1, p.2)

¹⁸² Mrs Ferguson's deposition (Ref: 012-025-137)

¹⁸³ Dr McCord's Inquiry statement (Ref: WS-032/1, p.4)

¹⁸⁴ Mrs. Ferguson's Inquiry statement (Ref: WS-020-1, p.18)

¹⁸⁵ Mr. Ferguson's Inquiry statement (Ref: WS-021-1, p.12)

¹⁸⁶ Dr. Trainor's original statement (Ref: 021-063-151)

¹⁸⁷ Dr. Nesbitt's original statement (Ref: 021-066-157)

¹⁸⁸ Dr. Nesbitt's PSNI statement (Ref: 095-010-031)

¹⁸⁹ Dr. Trainor's Inquiry statement (Ref: WS-030/1, p.3)

Time	Event	Conflicts in evidence
	<p>Neurological Unit of the Royal Victoria Hospital. This scan was performed by Dr. Morrison, and it demonstrated that a sub-arachnoid haemorrhage was unlikely.¹⁹¹</p> <p>Purpose was to rule out a subdural empyema and that no evidence was found of subdural empyema¹⁹²</p> <p>Dr Date's note in relation to the second CT scan: <i>"No new findings. Neurosurgeon contacted - Nothing surgical seen on the scan ... But for transfer to RBHSC"</i>¹⁹³</p>	
	<p>Dr. McCord speaks to Raychel's parents and explains that they saw a trickle of blood on the outside of her brain and that once a bed was free Raychel would go to the RBHSC.¹⁹⁴</p>	<p>Dr. McCord has no recollection of speaking to the family in the CT suite, but accepts it is possible that he may have done.¹⁹⁵</p>
09:00	<p>Before she goes off duty, Dr. Trainor calls into ICU to check on Raychel's progress.¹⁹⁶ She offers to write the transfer letter to RBHSC's PICU</p>	
10:00	<p>Dr. Nesbitt speaks to Mrs Ferguson in ICU¹⁹⁷. He explains that her condition is extremely serious and that they are unsure as to the reason for her brain swelling which the scan had revealed. He told her that there was a possibility that there could have been a bleed into her brain (sub-arachnoid haemorrhage) and that they had contacted the neurosurgeons in Belfast and</p>	

¹⁹⁰ Dr. Forbes' report (Ref: 225-002-003)

¹⁹¹ Report on enhanced CT scan (Ref: 020-026-055)

¹⁹² Clinical notes (Ref: 020-015-026)

¹⁹³ Clinical notes (Ref: 020-023-049)

¹⁹⁴ Mrs Ferguson's deposition (Ref: 012-025-138)

¹⁹⁵ Dr McCord's Inquiry statement (Ref: WS-032/1, p.4)

¹⁹⁶ Dr. Trainor's Inquiry statement (Ref: WS-030/1, p.3)

¹⁹⁷ Dr. Nesbitt's PSNI statement (Ref: 095-010-035)

Time	Event	Conflicts in evidence
	that they were treating Raychel has they had requested. He explains that transfer to the RBHSC so that the experts in treating her condition could take over her care.	
	Mr & Mrs. Ferguson state that a doctor in ICU with dark hair and a beard said that Raychel was seriously ill and that there was a lot of pressure inside her head and that they would operate to reduce the pressure. ¹⁹⁸ They were told that it would take a week or two weeks before they knew what was wrong.	Although this would seem to be Dr. Nesbitt due to the similarities of what was discussed, Mr & Mrs. Ferguson recall this doctor as a separate person. ¹⁹⁹
	Raychel anointed by a priest with the last rites. ²⁰⁰ Her parents were unaware of this and walked in whilst this was happening. ²⁰¹	
11:10	Raychel transferred to the Royal via ambulance. Dr. Nesbitt and a nurse accompany her. ²⁰² Raychel remains ventilated and monitored.	
12:20	Admitted to PICU, RBHSC ²⁰³ under the care of Dr. Crean	

¹⁹⁸ Mrs. Ferguson's deposition (Ref: 012-025-138) and Mr. Ferguson's Inquiry statement

¹⁹⁹ Mrs. Ferguson's Inquiry statement (Ref: WS-020-1, p.19)

²⁰⁰ Mrs. Ferguson's deposition (Ref: 012-025-138)

²⁰¹ Mr. Ferguson's Inquiry statement (Ref: WS-021-1, p.12)

²⁰² Dr. Nesbitt's original statement (Ref: 021-066-157)

²⁰³ Dr. Nesbitt's original statement (Ref: 021-066-157)