

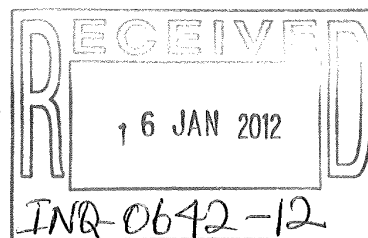
2 Franklin Street, Belfast, BT2 8DQ  
DX 2842 NR Belfast 3

Your Ref:  
BC-0073-11

Our Ref:  
HYP W50/1

Date:  
13.01.12

Ms Bernie Conlon  
Secretary to the Inquiry  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB



Dear Madam,

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS**

I refer to the above and your letter of 22<sup>nd</sup> November 2011. I reply as follows: -

- 1) I am instructed that despite having carried out extensive searches the Western Trust is unable to locate the surgical rota for the period 6<sup>th</sup> June 2001 to 10<sup>th</sup> June 2001.
- 2) This document was sent to you on 9<sup>th</sup> January 2012.
- 3) I now enclose the following documents for your attention: -
  - A Companion to Emergence Medicine – (Page 9 – deals with this issue).
  - Letter from Dr N P Corrigan MB BCH BAO SCH FRCPCH (Consultant Paediatrician) dated 6<sup>th</sup> July 2005.
- 4) I now enclose a copy of The Junior Doctor's Handbook and would refer you to the section entitled "Practical Advice – Case note recording". I would also refer you to Dr Corrigan's aforementioned letter.
- 5) I now enclose a copy of the agenda for a course entitled "Induction Course for Pre-Registration House Officers. Furthermore I would refer you to Dr Corrigan's letter of 6<sup>th</sup> July 2005.

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6) I now enclose a copy guidelines dated 7<sup>th</sup> April 2003 developed by P Stewart which was for anaesthetic staff. I am instructed that a copy was kept at ward level for reference also when staff called anaesthetic staff if a child had post operative vomiting. When this was printed off at ward level it had the Altnagelvin logo on it.

I am instructed that Nurses have been educated on the management of the IV Fluids in children since 2001. There are no guidelines specifically on post operative vomiting but Trust staff attend training at NEDC which is the Trust's in-service education consortium for nurses. Staff were made aware following the death of Ryachel Ferguson that it no longer acceptable to records vomits by + or ++. Staff were advised to record the amount or to estimate the amount in mls. Otherwise the vomit was to be documented as small, medium or large but that it is preferable to document the amount.

The training given in respect of children on IV Fluids has been in progress since 2002, and the content of this programme is attached. (Please note although this programme is dated 2011 it has been running for several years). I enclose a copy document entitled "Intravenous Fluid Management in Children/Young People (1 month old – 16 years)".

I am instructed that since 2008 the WHSCT has facilitated an induction programme for new staff nurses on the children's wards each year in November. Within this training we ensure some time is spent addressing pre-operative and post operative complications. Attached is the most recent programme which may have been updated since the first programme the Trust ran. I also enclose a copy document entitled "Staff Nurse (Children's) Induction 7-day Programme-November 2011" for your reference.

I am advised that other training which is facilitated by NEDC relates to care of the child in recovery which is for staff caring for children in the immediate post operative period and it covers vomiting. This programme has been running since 2009, and I now enclose a copy of the latest draft entitled "Care of the Child in Recovery". This training runs approximately twice per year.

Further training that is in place allows for nurses in Adult wards caring for children over 14 to be trained in the key areas. This training has been in place

since 2009. This runs approximately twice per year. I now enclose document entitled "Care of the Child/Young person in an Acute Hospital Setting".

7) Please see reply to question 9 below.

8) Please find enclosed copy "Policy for the Reporting of Clinical Incidents" dated February 2000. I would also refer you to the section of the Junior Doctor's handbook entitled "Accident/Incident Recording". I also enclose a copy of the Clinical and Social Care Governance Report from 1 April 2003 to 31 March 2003.

9) There is currently no written protocol or policy in place relating to the allocation of medical responsibility for surgical cases on paediatric wards. I am instructed that the practice is as follows: -

If a child is admitted with a suspected surgical condition as an emergency admission, they are admitted under the consultant surgeon on call. If the surgical registrar or consultant considers it necessary for a paediatric medical opinion, then the surgical registrar will speak to the medical registrar. If it is a medical condition then the child will be taken over by the medical team. If the paediatric medical doctor has been asked to give advice on IV Fluids they will do so and advise on monitoring electrolytes, but the child will remain under the surgeon if they require surgery. If a child is very sick, the child may be jointly cared for by both medical and surgical teams.

10) I am instructed that the Trust did not have an Admission and Discharge policy for children in 2001.

11) Please see the section of the Junior Doctor's Handbook entitled "Relationships with other Staff – Medical".

12) I am instructed that issue of patient handover dealt with in the Juniors Doctors Handbook under the section entitled "Duties".

13) I now enclose document entitled "Western Health and Social Services Board – Guidelines for Junior Doctors – Reviewed June 1989" and would refer you to Section C – "Wards".

14) Will follow.

Yours faithfully,

JR Bolton

Joanna Bolton  
Solicitor Consultant

Email: [REDACTED]

Tel: [REDACTED]