



**Business Services
Organisation**

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

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

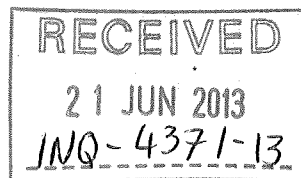
Your Ref:

Our Ref:

Date:

21st June 2013

**Ms Anne Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB**



Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS – RAYCHEL FERGUSON

I have been passed a small file of papers recently located within the Western Trust which relates to the Raychel Ferguson case. I now enclose the following for your attention: -

- 1) Undated handwritten note Therese Brown to Margaret Doherty;
- 2) Document entitled "Children on Intravenous Lines/Fluid Replacement";
- 3) Neo Natal Intensive Care Unit Fluid Balance for I.V Fluids;
- 4) Altnagelvin Hospital Children's Unit Fluid Balance For I.V. Fluids;
- 5) Report Re: Raychel Ferguson Ward 6;
- 6) Report Re: Raychel Ferguson Ward 6;
- 7) Handwritten notes (5 pages) which are believed to have been made by Sr Catherine Little;
- 8) Handwritten notes (3 pages) which are believed to have been made by Margaret Doherty, former Clinical Services Manager (Paediatrics).
- 9) Neo Natal Intensive Care Unit Fluid Balance for I.V. Fluids – Raychel Ferguson 7th June 2001;
- 10) Parenteral Nutrition Fluids Prescription Sheet;

Providing Support to Health and Social Care



INVESTOR IN PEOPLE

- 11) Neo Natal Intensive Care Unit Fluid Balance for I.V. Fluids – Raychel Ferguson 8th June 2001;
- 12) Parenteral Nutrition Fluids Prescription Sheet;
- 13) Agreed Action following Critical Incident Meeting 12 June 2001;
- 14) Personal Data Sheet (this is likely to be a copy of a cover sheet of Raychel Ferguson's medical records).

I am instructed that Mrs Margaret Doherty, who no longer works for the Trust, requested a senior member of Trust staff to look for documentation to assist her with completion of her witness statement. The member of staff found the enclosed documentation in an old cabinet which had been in use while Mrs Doherty worked for the Trust. It was contained within a folder with a tab marked "complaint" on it. On inspection it became apparent that Raychel Ferguson's name was on this file but was covered by the tab. The member of staff who found these documents immediately alerted the appropriate individuals who in turn advised us.

You will note that many of the documents within this file are simply copies of papers already held by the Inquiry. However, there are also documents which do not appear to have been previously disclosed to you. Please accept the Trust's apologies with regard to the previously undisclosed papers and accept my assurances that Trust staff acted quickly to bring same to our attention as soon as they were discovered.

Yours faithfully



Joanna Bolton
Solicitor Consultant

Margaret

I just let you know that
Kathleen Ferguson's I report is on
a 10th - 11th April

None of the Nursing Staff have
been asked to attend

I will keep you advised



TERESA BROWN
RISK MANAGEMENT CO-ORDINATOR

CHILDREN ON INTRAVENOUS LINES/FLUID REPLACEMENT

1 Fluid balance charts

- ✓ All urine to be measured and recorded
 - ✓ Vomit to be measured and recorded
 - ✓ Terms small, moderate or large to record amount of vomit if not contained in a vomit bowl
 - ✓ Guidance to be given on time to discontinue I.V fluids
 - ✓ Duration of LV fluid could directly relate to repeat U & E, post benchmark U & E — *Timing of 2nd U&E.*
- Review of fluid balance chart

2 Questions

Was same bag of solution 18 recommenced post operative?

What solution was commenced at 2000 hours?

If three litres erected, who prescribed third litre?

*SHO JHU + Co in Surgery under pressure.
No lead clinician in Surgery.*

RF- DLS

2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2697, 2698-2699, 2700-2701, 2702-2703, 2704-2705, 2706-2707, 2708-2709, 2710-2711, 2712-2713, 2714-2715, 2716-2717, 2718-2719, 2720-2721, 2722-2723, 2724-2725, 2726-2727, 2728-2729, 2730-2731, 2732-2733, 2734-2735, 2736-2737, 2738-2739, 2740-2741, 2742-2743, 27

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[illegible]

1945

ALTADELVIN HOSPITAL NEO NATAL INTENSIVE CARE UNIT
FLUID BALANCE FOR IV. FLUIDS

[illegible]

316-085-005

PARENTERAL NUTRITION FLUIDS PRESCRIPTION SHEET

Amount (ml)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	Rate ml/hour	Type of pump	Serial number of pump	Prescribed by (Signature)	Batch No. Date of Expiry	Time erected + erected by (Signature)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

LPC 01/03/004

ALTNAGELVIN HOSPITAL CHILDRENS UNIT FLUID BALANCE FOR I.V. FLUIDS

Insult Trial

Name Date Wt Age Hosp. No.

SPECIFY FLUID	INTRAVENOUS INPUT						ORAL INTAKE		OUTPUT						Capillary Blood Sugar B/M	Signature	V Site & Comments State V. Site	Signature
	LINE	LINE	LINE	LINE	LINE		ASPIRATE	VOMIT	URINE		STOOLS							
	1	2	3	4	5		Amt.	Amt.	Amt.	Total	Total							
TIME	Amt.	Amt.	T t l	Amt	Total	Amt.	Total	Amt.	Total	Amt.	Amt.	Amt.	Total	Total				
08.00																		
09.00																		
10.00																		
11.00																		
12.00																		
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24.00																		
01.00																		
02.00																		
03.00																		
04.00																		
05.00																		
06.00																		
07.00																		
Intravenous Total								Urine Total										
Oral Total								Other Total										

1✓
PARENTERAL NUTRITION FLUIDS PRESCRIPTION SHEET

Amount (ml)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	Rate ml/hour	Type of pump and serial number	Prescribed by (signature)	Batch No. Date of expiry	Date, Time erected & erected by (signature)	IV Fluid cancelled & (signature)

- Under IV comments - please state if site, red, inflamed, swollen or painful.
- Please indicate clearly on front of chart when new bag of fluids erected.
- Please indicate clearly on front of chart if change in prescription of fluids. (initial time of change)
- Please indicate clearly on front of chart if change in rate of fluids.
- Please measure all urine output when pt on iv fluids and seek parents assistance.
- Measure all vomitus. If unable to do so - record as small, medium, large and approx amount.
- If more than 1 infusion in progress - please label clearly each separate line according to IV guidelines.
- If child is fasting, and is on a fluid which contains no glucose, then capillary blood sugar should be checked every 6hrs.
- If a neonate (less than 28 days) is fasting, they need capillary blood sugar checked 6hrly.

M.D. copy

REPORT RE: RACHAEL FERGUSON, WARD 6

Thursday 7 June 2001

Rachael was admitted to Ward 6 at 9.00 am on 7 June 2001 via Casualty. Presenting with a short history of abdominal pain, commenced as sudden onset at 6.00 pm, diagnosed as appendicitis, Cyclomorph 2 mgs IV given at 8.20 pm in Accident and Emergency Department.

On admission to the ward Rachael's observations were recorded within normal limits. She was seen and examined by a Surgical SHO and bloods were taken. Rachael was then fasting for Theatre. She was seen by the Anaesthetist and prepared for Theatre. Intravenous fluid of solution 18 was prescribed and erected and set at 80mls per hour.

Rachael went to Theatre at 11.00 pm. Following the removal of a mildly congested appendix (see attached notes), she returned to Ward 6 at 1.55 am (8.6.01). Post operative observations were satisfactory - wound site satisfactory, IV infusion solution 18 at 80 mls per hour in situ.

Friday 8 June 2001

Voltoral 12.5 mgs and Flagyl 500 mg given per rectum at 7.00 am.

Rachel was seen by the Surgical Team between 9am and 11am (no time documented). Clear fluids allowed.

Vomited large amount at 10.25 am.

Vomited again at 1pm and 3pm.

Zofran 2 mgs IV prescribed and administered by Dr Devlin at approximately 5.30pm (time given not documented).

Rachael mobilised well throughout the day. Taking sips of water by 5.00 pm. During late evening Rachael complained of headache - Paracetamol 500 mgs given at 9.30 pm and Flagyl 500 mg given per rectum at 10.00 pm.

Shortly after Rachael became nauseated and vomited coffee grounds x twice. Surgical J.H.O. contacted - Valoid 25 mgs IV prescribed and given at 10.15 pm with effect. Rachael then settled and her parents went home. All observations appeared stable, last recorded at 2.00 am.

Saturday 9 June 2001

Approximately 3.00 am Rachael was observed by N/A E Lynch to be restless and had been incontinent of urine. She then appeared to be fitting. The Paediatric SHO Jeremy Johnston was on Ward 6 at the time and immediately went to see Rachael. Stesolid 5 mgs given per rectum at approximately 3.05 am with little effect. Diazemuls 10 mgs IV given at 3.15 am with some effect. Nursed on side with oxygen 15 l/min.

S/N A Noble verbally reported to Sr Little that she had checked pupil reaction between 3.00 am - 3.30 am, both pupils were equal and reacting to light. But later when checked by S/N Noble and Dr Johnston, they were sluggish but still reacted to light. The surgical J.H.O. was contacted and visited, bloods taken, E.C.G. recorded revealing abnormal tracing. Repeated E.C.G. - no change to previous reading.

Parents contacted on second attempt, father present at Hospital at approximately 4.15 am. Rachael transferred to the Treatment Room at approximately 4.30 am.

Dr Berni Trainer, 2nd term SHO, came to the ward, spoke with Mr Ferguson (father), then requested S/N Noble to contact Dr McCord, Rachael's condition was deteriorating. Anaesthetist contacted through fast bleep. Dr Trainer checked Rachael's pupils and found them to be dilated and unresponsive.

Dr McCord and Anaesthetist x 2 present on ward. Rachael's condition began to rapidly deteriorate. Intubated successfully by Anaesthetist, size 6.0 et tube. Arterial line also inserted by Anaesthetist.

Urgent C.T. scan and chest x-ray ordered by Dr McCord. Rachael to be transferred to ICU following CT scan. Rachael left Ward 6 at approximately 5.45 am

MRS M DOHERTY
CLINICAL SERVICES MANAGER

Information taken from notes and verbal statements from staff.

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On admission to the ward Rachael's observations were recorded within normal limits. She was seen by the Anaesthetist and prepared for Theatre. Intravenous fluid of ? solution 18 was erected. (Fluid balance chart not available.)

Rachael went to Theatre at 11.00 pm. Following the removal of a mildly congested appendix (see attached notes), she returned to Ward 6 at 1.55 am (8.6.01). Post operative observations were satisfactory - wound site satisfactory, IV infusion solution 18 at 80 mls per hour in situ.

Friday 8 June 2001

Volitoral 12.5 mgs and Flagyl 500 mg given per rectum at 7.00 am.

Vomited large amount at 10.25 am. Zofran 2 mgs IV prescribed by Dr Devlin - ? also administered same - no time or details given.

Rachael mobilised well throughout the day. Taking sips of water by 5.00 pm. During late evening Rachael complained of headache - Paracetamol 500 mgs given at 9.30 pm and Flagyl 500 mg given per rectum at 10.00 pm.

Shortly after Rachael became nauseated and vomited coffee grounds x twice. Surgical J.H.O. contacted - Valoid 25 mgs IV prescribed and given at 10.15 pm with effect. Rachael then settled and her parents went home. All observations appeared stable, last recorded at 2.00 am.

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Dr McCord and Anaesthetist x 2 present on ward. Rachael's condition began to rapidly deteriorate. Intubated successfully by Anaesthetist, size 6.0 et tube. Arterial line also inserted by Anaesthetist.

C.T. scan and chest x-ray ordered by Dr McCord. Rachael to be transferred to ICU following CT scan. Rachael left Ward 6 at approximately 5.45 am

MRS M DOHERTY
CLINICAL SERVICES MANAGER

Information taken from notes and verbal statements from staff.

Ann Noble - on duty Thursday + Friday nights

①

Admitted Thursday 4th

Admitted by Sln D Petersa

VIA A/E Dept → ward → Theatre → anaesthetic a ward

? Time for Theatre Returned approx 2 AM.

Review post-operative observations. Checked over & some wound site sites

Moving well in bed. appeared comfortable

Both parents stayed Thursday night. Advised to go home

To receive IV fluids. - doctor to prescribe → then give R @ 7th ? 500 mgs.

Uddly. Uddly. Appendix removed

Friday 8th

Waiting - 3015 80 mls.

IV Zofran given during the day. - Active given, given by doctor

in GCU - visited Shaw about coffee grounds reported to

Ann - Surgeon JHO contacted by Sadie - Velad given IV

Prescribed given by Sln Nade. Complaining of sore head. Jono present
Child seemed lacking but responsive. Spoke with Patience

No further vomiting

Approx 10³⁰ - 10⁴⁵ pm Parents went home

Approx 12³⁰ AM Fiona Bryce reported to Ann Rachel was

Advising "fanny" ? confused. Fiona + Sadie went to see

Child

Barium did observe. @ 2AM and some were stable
Knap value was noted

(2)

Yone + Seale went to Break.

Ann did Rhythm on the ward.

Ann attending to other patients

Rhythm being with Rachel approx 3:05 AM

Ann corrected being straight away

Steady 5mg PR given first → have effect

No change in colour

O₂ given by Jeremy

Not doing a little noisy - Seale given

Diagnosis given - have effect

Everything happened very quickly

Began to relax, missed a side with O₂

SpO₂ ↑ 90 HR 48-80.

Parents corrected but no response

Ann advised Seale who to be corrected to refer to Rachel

Reps checked equal + reacting to light approx 3-3:30 AM

appeared to be more responsive.

Reps checked few times by Ann + Jeremy. Slightly sluggish

once last reacting

Surgical JHO — RP Clockad

③

Jeremy suggested E.C.G.

Surgical JHO did 12 lead ECG

Ann tried to contact parents

Jeremy opened tracing with JHO

Bundle Branch Block + wave differences

Jeremy Clock leads etc.

(Surg JHO was doing locum, emergency or Medicine)

Tracing was the same.

Ann suggested contacted Surgical register
+ Paediatric register

Search space to Bonnie who was at desk
Approx 4¹⁵ / 4³⁰ AM

Benar was present.

Ann stayed with child all of the time

Bonnie asked Ann to contact Dr McCard.

Dr McCard answered promptly

Dr McCard asked to speak to Bonnie

Bennie Spive is former and told her son in Custer was

Gid to get her wife in.

Sir Daphne Rottersa - Admitted Rachel on Thursday 7th
June

Short history good pain

Cyclophosph given in A&E Dept ? 8pm

appeared comfortable on admission to ward.

More old observations on admission ? 9pm.

Daphne took history from parents

SB consultant IV fluids ordered on ward

Went to Theatre after 11pm

Returned from Theatre 1.55 AM.

Daphne brought her back

Drowsy but responsive on return from theatre

Scal 18 80ms/hr Arrived

Pain relief given in theatre.

15.4.21 - Daphne went to break after doing those observations
approx 11.55pm Jo Hewitt came out & set of post-op observations
Thirsty in the morning, ice given to wet lips. approx 8 AM

Wanted to sit up Daphne wound up bed.

Not complaining of any pain.

Pain relief repeated

IV Flapz changed to PR by Dr Makkar Friday Morning

Voltadol + Flapz PR given at approx 4pm by Jo Hewitt
& Daphne. Rottersa

At 315854

GLDS taken

Rachael Fergusson

Qys del

Mr. Gulland

Admitted Thursday Night 4th June - App. cholecystomy

ready hours on Friday 5th June - Solution 18. 10

Plants 80mls per hour - Seen by Surgeons on Friday

all over - Sips of water - Vomiting - Surgical SHO gave IV Zofran

2 times for vomiting - continued vomited still

N/Sloft - contacted orchard. Volatile - 4/5

Same given.

Parents left at 10.30pm. Rachael was settled

Restless dos taken - felt cold, but didn't want

Pyrexia top on so tucked it around her

Tucked sheets set around her

4/6 Elizabeth Lynch went into Room at approx 4.30am

& noticed that Rachael had been incontinent of

Urine her arms were abducted towards her shoulders

with fists clenched - Sh. Guenzist ^{was} informed

Keep nursing wobbled Pot Pot ^{was} renewed - on what line

Dr. Garry Thompson Paid SHO contacted gave Rivinid IV

Discharge

contacted Parent - father came - down stairs

with child + father - contacted - 3.45pm 5.57

Same house - contacted - Condition deteriorating

Dr. McCord contacted - Anaesthetist called to ward

child intubated trans to ICU - A&E hours on Sat 10.11

Older Cases - Intensive Care De Pensa

Dated 9/6/01.

FBC

LFT.

Bone profile.

Electrolyte Profile.

Coagulation.

Magnesium (mg)

Random Urine EP.

7/6/0.

FBC. > ? in A+E

EP.

(2)

De man contact met To Do c/Siam -

Dr McLeod advised Bemie to correct anastomosis of Bow (4)
Problems with airway.

Transferred to Treatment Room.

Blotchy rash over body Per. spots ? due to cautery

De-saturated - dusky looking.

Ann poor blooded anaesthetic registrar

No delay

No hypoxia

No cyanosis

Airway + HR Managed effectively

Blood Pressure within normal limits before transfer to theatre
room

Intubated first time as per plan

Dr McLeod & anaesthetic - very competent
Catheter line inserted

Dr McLeod. ordered CT scan
+ chest xray.

Left ward approx 5³⁰-5⁴⁵ AM to go to CT scan
then into ICU.

LEADER

1000

RF - DLS

[illegible]

PRUD BALANCE FOR I.V. FLUIDS

PATIENT INFORMATION		DATE		TIME		NURSE		PHYSICIAN		LOCATION	
NAME	DOB	AGE	SEX	DATE	TIME	NURSE	PHYSICIAN	LOCATION	ROOM	FLOOR	WING
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156
157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204
205	206	207	208	209	210	211	212	213	214	215	216
217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276
277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322	323	324
325	326	327	328	329	330	331	332	333	334	335	336
337	338	339	340	341	342	343	344	345	346	347	348
349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372
373	374	375	376	377	378	379	380	381	382	383	384
385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408
409	410	411	412	413	414	415	416	417	418	419	420</

$M_{\text{mont}} = 65 \text{ ml/lr}$
 $213 \text{ mont} = 40 \text{ ml/lr}$

40203

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AGREED ACTION FOLLOWING CRITICAL INCIDENT MEETING 12/06/01

- 1 Review evidence for use of routine post-operative low electrolyte IV infusion and suggest changes if evidence indicates. No change in current use of Solution 18 until review.**
Action Dr Nesbitt
- 2 Arrange daily U&E on all post-operative children receiving IV infusion on Ward 6.**
Action Sister Miller
- 3 Inform surgical junior staff to assess these results promptly.**
Action Mr Gilliland
- 4 All urinary output should be measured and recorded while IV infusion progress in progress.**
Action Sister Miller
- 5 A chart for IV fluid infusion rates to be displayed on Ward 6 to guide junior medical staff.**
Action Dr McCord
- 6 Review fluid balance documentation used on Ward 6.**
Action A Witherow

R A FULTON
Medical Director

13/06/01

PERSONAL DATA SHEET

AN 313854
 6189 SAUNHEL
 FERUSON

04/02/84
 07/02/84
 01/01/85
 01/01/85

SPECIAL INFORMATION EG. SENSITIVITIES

SURNAME: Mr./Mrs./Miss

FIRST NAMES

DATE OF BIRTH

HOSPITAL NUMBER

313854

ADDRESS

OCCUPATION

RELIGION

RC

PATIENT'S BLOOD GROUP

GR.

N.R.

ENTERED BY:-

GENERAL PRACTITIONERS NAME & ADDRESS

Ashenhurst

IN THE EVENT OF DEATH:-

DATE AND TIME

CAUSE OF DEATH:-

(i) (A)

DUE TO (B)

DUE TO (C)

(ii)

NEAREST RELATIVE OR FRIEND?

NAME

Morie (mother)

ADDRESS

Tel. No. to be used in emergency

71 267736

IN-PATIENT TREATMENT

DATE ADMITTED	WARD	DATE DISCHARGED	DIAGNOSIS	OPERATION/TREATMENT
7/6/01	CHW			
2				
3				
4				