

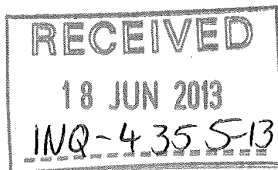


Business Services
Organisation

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:
BMcL-0092-13
BMcL-0098-13

Our Ref:
HYP B04/05

Date:
18th June 2013

Mr B McLoughlin
Assistant Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Sir

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS – RAYCHEL FERGUSON
PRELIMINARY (LUCY CRAWFORD)**

I refer to the above matter and to your letters of 14th May 2013 and 16th May 2013.

I am instructed that the Trust is unable to confirm when the guidelines re Meningococcal disease in children came into effect however can advise that the management of severe bronchiolitis came into effect November 2000.

Despite extensive searches the Trust has been unable to locate a copy of the guidelines for transport of critically ill children. A member of the NI Paediatric Benchmarking Group at the time has advised that a transfer form was devised in and around 2001 however does not think that a policy or guideline was devised alongside it. The Trust has been advised that the form was produced by the region-wide Benchmarking Group and not specifically the Royal Hospitals. The form was reviewed in 2011 and a copy of that form is attached for information. The Trust has been advised that the changes made to the original 2001 document which resulted in the 2011 document were very minor.

I trust that this is in order.

Yours faithfully

Joanna Bolton
Solicitor Consultant

Providing Support to Health and Social Care



Northern Ireland Paediatric Transfer Form

Name		Transferring Hospital		DOB	
Hosp. No.		Receiving Hospital		Age	
Address		Referring Consultant		Weight	
		Diagnosis			
		GP Name & Address		Admission Date & Time	
Parental Responsibility				Transfer Date & Time	
Tel. No.		Religion			
		Attended by clergy		Arrival Time	

OBSERVATIONS		On Admission	On Departure	During Transfer				On Arrival
	Time							
Heart Rate								
BP								
Temperature								
Resp. Rate								
Saturations								
Cap. Refill								
Colour								
GCS/AVPU								
Pupils								
Blood Sugar								

Airway	Self / Oral Airway / Tracheostomy	If Intubated See Respiratory Section Last Page
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FLUID BALANCE	Time of last orals		Naso / Orogastric Tube (yes / no)			
	Arterial line (yes/no, site)		IV lines (list all sites)			
IV Fluids Insitu						
Total Intake (Specify others)	Blood	Plasma	Colloid	Oral		
Total Output	Urine	Aspirate	Drainage	Blood loss		

DRUGS	DRUG	Dose	Route	Time	DRUG	Dose	Route	Time

Trimprint

Produced by the Paediatric Benchmarking Nurses' Group in association with Consultant Paediatric Medical Staff 2001 Updated 2011

Northern Ireland Paediatric Transfer Form

N U R S I N G C A R E R E Q U I R E M E N T S & A C T I V I T Y	
	Relevant Social Information: (Name of Social Worker:-
Name of Health Visitor	
Nurse Signature	Print Name

T R A V E L	Transfer confirmed with receiving hospital		Parents aware of transfer	
	Ambulance booked		Parents transport arranged	
	Equipment checked		Do they need directions	
	Receiving hospital phoned on departure			

B L O O D S & X R A Y S	U&E	FBP		ABG		Coag						
	Time										Guthrie	
	Na			Hb			pH					
	K			PCV			pCO2					
	Cl			Platelets			Bicarb					
	Ca			WBC			B.E.					
	Urea						pO2					
	Creatinine						Sao2					
	Bilirubin											
	Glucose											
	Cultures Sent											
	C-Spine		Skull		Chest		Pelvis					
	Collar				USS		CT scan		MRI			

Northern Ireland Paediatric Transfer Form

R E S P I R A T O R Y	ET Tube	Nasal / Oral	Size		Length		
	Time						
	Mode of ventilation						
	FiO2						
	Ventilator Rate						
	Pressure						
	Volume						
	Time I:E						
	Flow						
	Cylinder Air Levels						
	Cylinder O ₂ Levels						
	Suction						

M E D I C A L H I S T O R Y & E X A M I N A T I O N		
	MRSA STATUS	
		Doctors Signature
	Print	

T R A N S F E R T E A M	Doctor	
	Anaesthetist	
	Nurse	
	Technician	

