

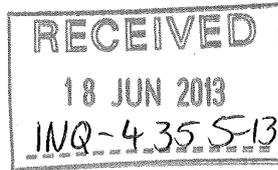


**Business Services  
Organisation**

**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:  
18<sup>th</sup> 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 14<sup>th</sup> May 2013 and 16<sup>th</sup> 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		Arrival Time	
		Attended by clergy			

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	<b>If Intubated See Respiratory Section Last Page</b>
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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

NSV Code (CAH) WOU079N (SP) WKA001C (NM) WOU082N (NHSC) WHN443N (BH-SCT) WOU003N (Causeway) WSA999N



### 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 <sub>2</sub> 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	Doctor	
	Anaesthetist	
	Nurse	
	Technician	

