

STATEMENT OF WITNESS

STATEMENT OF: IAN YOUNG, CONSULTANT IN CLINICAL BIOCHEMISTRY
Name Rank

AGE OF WITNESS (if over 21 enter 'over 21'): OVER 21

NOT SIGNED IN POLICE OFFICER'S PRESENCE

TO BE COMPLETED
WHEN THE
STATEMENT HAS
BEEN WRITTEN

I declare that this statement consisting of 2 pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this _____ day of _____

SIGNATURE OF MEMBER by whom
statement was recorded or received

SIGNATURE OF WITNESS

Re: Claire Roberts (deceased) DOB: 10/01/87

I am a registered Consultant in Clinical Biochemistry, and qualified at Queen's University Belfast in 1985 with MB BCH BAO. I am Fellow of the Royal College of Physicians (London), Fellow of the Royal College of Physicians of Ireland and a Fellow of the Royal College of Pathologists.

I was asked to review the medical records of this 9-year-old girl by Dr Michael McBride, Medical Director of the Royal Group of Hospitals. I was asked to give my opinion on whether hyponatraemia may have contributed to Claire's death. This statement is based on my inspection of the medical and nursing notes relating to her hospital admission in 1996. In addition I spoke to Dr Heather Steen, Dr Andrew Sands, Dr Nicholas Rooney and to Claire's parents. I have provided an honest and true opinion based on my reading of the notes. However, I did not have access to comments from all of the other medical practitioners involved in Claire's care.

Claire was referred to the Accident and Emergency Department of the Royal Belfast Hospital for Sick Children by her general practitioner on the evening of the 21st October 1996 with a history of vomiting and lethargy. Blood was taken at approximately 22.30 hours for an estimation of urea and electrolytes. It is noted that this revealed serum sodium of 132mmol/l. A "down arrow" is present beside the sodium of 132 mmol/l at 12 midnight on the 21st October, indicating that the sodium was noted to be below the lower reference limit. A subsequent note in the chart by Dr David Webb, Consultant Neurologist, from around lunchtime on the 22nd October 1996, states: "I note (N, biochemistry profile".

Claire received intravenous fluid replacement following admission and throughout the day of the 22nd October with predominantly 0.18% saline / 4% dextrose. There was a progressive deterioration in her clinical condition with evidence of status epilepticus. A record of fluid balance is present, but losses are not accurately recorded so that fluid balance cannot be judged.

A repeat blood sample was taken at around 9pm on the evening of the 22nd October. A note timed 23.30 on the 22nd October records serum sodium of 121mmol/l, and suggests that fluid overload with low sodium containing fluids or syndrome of inappropriate ADH production were considered as possible diagnoses. Intravenous fluid replacement was reduced to 2/3rds of previous values. A note was taken to send urine for osmolality although there is no record of a result.

Form 35/36
(Plain)

SIGNATURE OF WITNESS

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At approximately 3am on 23rd October Claire suffered a respiratory arrest and was noted to have fixed dilated pupils. She was transferred to the Paediatric Intensive Care Unit. At 4am it is noted that pupils were fixed and dilated and there was bilateral papilloedema. A Note at 4.40am on the 23rd October from Dr David Webb indicated the likely diagnosis of syndrome of inappropriate ADH production with hyponatraemia, hypo-osmolality and cerebral oedema following prolonged epileptic seizures. Claire subsequently died on the 23rd October at 18.45 hours. A death certificate was issued indicating cerebral oedema secondary to status epilepticus.

I informed Dr Michael McBride, the Medical Director of the Trust that in my opinion hyponatraemia may have made a contribution to the development of cerebral oedema in Claire's case. I advised that it would be appropriate to consider discussing the case with the coroner for an independent external opinion with access to statements from all of the staff involved in Claire's care.

SIGNATURE OF STATEMENT MAKER: 