		Witness Statement Ref. No. 004 //
NAME OF C	HILD: Adam S	Strain
Name: Dr O'l	NeilI	
Title: Consul	ltant Psychiatri	st
Present positi	on and instituti	on: Sligo Mental Health Service
Previous posit [As at the time of	tion and institut of the child's death	tion: Senior House Officer, Royal Belfast Hospital for Sick Children
		nels and Committees: nose between January 1995-December 2004]
		ions and Reports: e made in relation to the child's death]
OFFICIAL USE: List of previous s		ons and reports attached:
Ref:	Date:	

1

Particular areas of interest [Please attach additional sheets if more space is required]
1. Describe your role in the general care of Adam prior to his transplant surgery.
I was a Senior House Officer in the Royal Belfast Hospital for Sick Children. I conducted a medical history and examination at 2330 hours on 26 <sup>th</sup> November 1995 (058-035-131 and 132). I recorded investigation results in the medical notes (058-035-144) and I ordered a chest x-ray on 26 <sup>th</sup> November 1995 (057-019-028 and 029). I prescribed antibiotics (057-021-033) on 26 <sup>th</sup> November 1995 and paracetamol (057-021-034) on 27 <sup>th</sup> November 1995 as recorded on the prescription sheet.
<ul> <li>2. Describe in detail any investigations carried out on Adam prior to his surgery and their results including: <ol> <li>type of investigation;</li> <li>who ordered them, when and why; and</li> <li>when the results were received, what they were and to whom they were communicated.</li> </ol> </li> </ul>
I recorded investigation results in the medical notes at 11pm on 26/11/1995. I recorded a medical history and examination at 11.30pm on 26/11/1995. I requested a Chest X Ray and prescribed antibiotics on 26/11/1995.

Other points you wish to make including additions to any papers.	previous Statements, Depositions and or
Please attach additional sheets if more space is required]	
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THIS STATEMENT IS TRUE TO THE BEST OF MY I	KNOWLEDGE AND BELIEF
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Signed: De 19 1 (Cici	Dated: 25/2/(5
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