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	Wit	ness Statement Ref. No.	144/1	
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IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

(1) Describe your work commitments to the Royal Belfast Hospital for Sick Children (RBHSC) from the date of your employment there as a nurse, including the department/s and locations in which you worked and the periods of time in each department/location, and in particular with regard to the period 21st October 1996 to 23rd October 1996.

I qualified as a Registered Sick Children's nurse in May 1961. I worked in theatres, Allen ward and Accident and Emergency. I worked in A/E from July 1977 until my retirement in 2005.

- (2) State the times at which you were on duty between 21st October 1996 to 23rd October 1996 and in particular:
 - (a) Whether you were on duty and present in the hospital at all times or

I was on night duty on 21st October 1996 from 8pm-8am. We would have taken over nursing care from approximately 8.15pm after getting the report on all the other patients in the department.

(b) Whether you were on call during that period

No

(c) What contact you had with Claire and her family during that period including where and when that contact occurred.

Contact with Claire's family would have been between 8.15 pm and 8.45pm

- (3) Describe what you considered to be your role in relation to, and responsibilities towards, Claire and her family over the period from her attending A&E in RBHSC on 21st October 1996 until 23rd October 1996 when ventilatory support was withdrawn, and in particular:
 - (a) From Claire's attendance at A&E at RBHSC until her arrival in Allen Ward

To access, plan and implement nursing care and keeping her family informed.

(b) While Claire was in Allen Ward until her admission to PICU.

I would have had no further contact with Claire when she was in Allen ward.

(4) Describe your role, responsibilities and actions in relation to:

(a) Claire's fluid administration, monitoring and management

No fluids administered in A/E.

(b) The making and recording of observations of Claire including determining the type of and reviewing the frequency of those observations.

Observations normal in triage – no further observations taken in A/E.

- (5) In relation to the actions which you have described above in respect of Claire's fluid management etc. and the making of observations etc.:
 - (a) Explain the reasons for your actions.

Observations normal in triage - no further observations would have been taken unless Claire's condition changed, or doctor requested same.

- (b) State which of them you carried out on the express instructions of a doctor, identifying in each case:
 - (i) The doctor concerned

No further observations taken in A/E

(ii) The instructions they gave you

No further observations taken in A/E

(iii) When they gave them to you.

No further observations taken in A/E

- (c) Whether you sought advice from or consulted with any other doctor or nurse prior to taking any of those actions, and if so:
 - (i) Identify the person from whom you sought advice/consulted and state when you did so

I do not recall

(ii) State the nature of the advice you sought/the issues on which you consulted

I do not recall

(iii) State the advice that you received and identify the person who gave it to you

I do not recall

(iv) If you did not seek any such advice or consultation, explain why not.

I do not recall

- (6) Describe and explain any discussions you had with any doctor and/or nursing staff in relation to Claire whilst you were on duty between her attendance at A&E on 21st October 1996 and 23rd October 1996, including:
 - (a) The identity of the person concerned

I do not recall

(b) Where and when the discussions took place

I do not recall

(c) What prompted the discussions.

I do not recall

- (7) State whether you reported Claire's condition, including her blood results, to any doctor(s) at any time during your period on duty over 21st October 1996 to 23rd October 1996, and if so:
 - (a) Identify the doctor(s) to whom you reported and state the time at which you reported.

I did not report Claire's condition including blood results to any doctor. This would have been recorded on her flimsy had I done so. No bloods taken in A/E.

(b) State the means by which you conveyed that report e.g. orally, in person, by telephone, in writing.

As above.

(c) Describe and explain what you reported.

As above.

- (d) State whether, as a result of your report, Claire:
 - (i) Was reviewed or reassessed, and if so explain the result of any such review/assessment

As above.

(ii) Had her care/treatment changed, and if so describe any changes that were made and explain the reason for them.

As above.

(e) If Claire was not reviewed/reassessed or did not have her care/treatment changed, then please give the reasons.

From my coming on duty at 8.00pm, according to Claire's notes (ref 090-010-012), her condition remained unchanged.

- (8) Identify precisely on Claire's medical notes and records the entries that you made or which were made on your direction and state below:
 - (a) When each of the identified entries was made
 - (b) The source of the information recorded in the entry.

S/B Medical Reg. (090-010-012). I do not recall but routinely such entries made on admission of patient to ward.

Admit Allen ward (090-010-012) – on instructions of the medical registrar.

(9) Explain the policy and procedure at the RBHSC in October 1996 for nurses contacting the Registrar directly if they were unhappy with the SHO's/junior doctor's response.

Registrar would have been contacted by senior nurse on bleep system or telephone.

(10) Explain the policy and procedure at the RBHSC in October 1996 for nurses contacting the Consultant directly if they were unhappy with the responses of SHO/Registrar.

Consultant would have been contacted by senior nurse on bleep system or telephone.

- (11) Identify the person(s) responsible for informing the nursing staff on Allen Ward of the:
 - (a) Reasons for Claire's admission

I do not recall

(b) Primary and ongoing diagnosis of Claire's condition.

I do not recall

(12) Explain why no further recordings of Claire's vital signs were taken between triage admission at 19:03 and her admission to Allen Ward at 21:45 (Ref: 090-041-142).

Observations were normal in triage. No further observations were taken unless change in condition or doctor requested same.

(13) State whether you measured Claire's weight on her attendance in the A&E Department, and if so, state by what means, where it was measured and recorded.

Weight was not recorded.

(14) State whether you completed the treatment form (Ref: 090-021-049), and if so state when you completed it.

I did not complete treatment form (Ref 090-021-049).

(15) State the policy for commencing neurological observations on a child in A&E at the time of Claire's admission.

Policy for commencing neurological observations on a child is when and if any change in vital signs.

(16) State who was the medical registrar referred to in your note ("S/B Medical Reg") at Ref: 090-010-012

Dr Bernie O'Hare (Ref 090-010-012)

(a) State at what time and the location where the medical registrar attended and examined Claire

I do not recall

(b) Identify who called the medical registrar, and state why and when she was called.

I do not recall

(17) State whether any blood samples were taken from Claire in A&E for testing, and if so, state the results of those blood tests and identify the note or record of those results.

No bloods taken in A/E. Claire had Emla cream in situ in triage.

- (18) In relation to the specimen of urine collected in the A&E Department by uri-bag and taken for analysis (Ref: 090-010-012):
 - (a) State whether the urine specimen was tested, and if so where

No specimen of urine obtained in A/E (Ref 090-010-012)

(b) State the results of the urinalysis of that sample and identify the note or record of those results

No specimen of urine obtained in A/E (Ref 090-010-012)

(19) State at what time Claire left the A&E Department on 21st October 1996 to be transferred and admitted to Allen Ward.

Claire left A/E at 8.45pm.

(20) State the name of the nurse who transferred Claire and who she handed over to on Allen Ward.

I do not recall.

(21) Identify who made the "Primary diagnosis" of "Encephalitis?" (Ref: 090-012-014) and state when that diagnosis was made.

Primary diagnoses would have been made by SHO or registrar (Ref 090-012-014).

- (22) State if any alternative diagnoses were made and, if so:
 - (a) Describe and explain what those alternative diagnoses were

I do not recall

(b) Identify who made them and when

I do not recall

(c) Explain why they were not noted on the A&E notes at Ref: 090-012-014.

I do not recall

(23) State whether you or any other person informed the Allen Ward nursing staff of "Primary diagnosis Encephalitis?" made in the A & E Department. If so, state who was informed of this primary diagnosis and when they were informed. If not, state the reasons why not.

I do not recall.

(24) State whether you made or read the entries on Claire's Accident and Emergency Department Nursing Assessment at Ref: 090-010-012 including the description of "EPILEPTIC", and if so, state the basis upon which you described Claire as "EPILEPTIC" and the source of that information, when and where you read it, and what account you took of the description of "EPILEPTIC" in making your assessment of Claire.

I did not make entry of 'EPILEPTIC' on Claire's A/E nursing assessment (Ref 090-010-012). This would have been made by S/N Tracy Blue in triage. I would have read the information from nursing assessment. I would have been aware and observed for any signs of seizure.

(25) State any other information provided to the nurses on Allen Ward. If unable to recall the details, please outline the information that would normally be provided at handover.

I do not recall.

Information normally provided at handover to ward name/age/history/provisional diagnosis/procedures carried out in A/E and medications given.

(26) State whether there were any 'Protocols', 'Guidelines' and/or practice and procedure manual(s) in RBHSC in October 1996 that related to the observations that should be made of a paediatric patient, including their type and frequency:

(a) Whilst in the A & E Department

Observations made temperature/respiratory rate/heart rate/blood pressure/AVPU and SaO2 according to child's condition.

(b) On admission to the hospital.

As above.

(27) Identify the Consultant under whom Claire was admitted on 21st October 1996.

Dr Heather Steen.

- (28) Identify the A & E Department sister and/or the nurse in charge with overall responsibility during your care and treatment of Claire.
- I, Eleanor Jackson, was nurse in charge with overall responsibility in A/E.
- (29) Describe any discussions you had regarding Claire's condition with:

I do not recollect any discussions with

- (a) Nurse T. Blue
- (b) Dr Janil Pathucheary
- (c) Dr Bernie O'Hare.
- (30) In October 1996, state whether nursing care was prescribed by doctors, nurses or both.

Nursing care was prescribed by both doctors and nurses.

- (31) Describe the communications that you had with the Consultant responsible for Claire on her admission, including:
 - (a) Time of each communication

I do not recall

(b) Means by which the communication was made

I do not recall

(c) Nature of each communication

I do not recall

(d) Whether any advice or direction was given by the Consultant in relation to Claire's treatment and care, and if so the nature of that advice or direction

I do not recall

(32) Explain the nature and status of the document entitled "Discharge/Transfer Advice Note" at Ref: 090-007-009, identify who completed that document and state when and where it was completed.

I do not recall.

(33) State whether you are a member of the RCN or a union, and if so, state whether you have communicated with that organisation in relation to the treatment and death of Claire, and if so, state when you communicated with it.

I do not understand the relevance of this question to the Inquiry.

(34) Describe your perception of the seriousness or otherwise of Claire's condition during your care of her, and give the reasons for your view.

I do not recall.

- (35) Describe your communication with Claire's parents and family and in particular:
 - (a) State what information you communicated to Claire's parents and family, and what information they gave to you

I do not recall.

(b) Identify to whom you passed on the information that you received

I do not recall.

(c) State when and where you told them this information

I do not recall.

(d) Identify where the information you communicated/received is recorded or noted

I do not recall.

(e) State whether you recorded Claire's parents'/family's understanding of the information that you gave them and their concerns

I do not recall.

(f) If you did record the information and their concerns, identify the documents containing that record. If you did not record it, explain why not.

I do not recall.

- (36) Describe in detail any audit and learning that you were involved in relating to the death of Claire:
 - (a) With nursing colleagues

I was not involved in any audit or learning in relation to Claire's death.

(b) Within the department

As above

(c) As an individual.

As above

- (37) Prior to 21st October 1996:
 - (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it

I have no knowledge or awareness of the case of Adam Strain.

(b) State the source of your knowledge and awareness and when you acquired it

As above

(c) Describe how that knowledge and awareness affected your care and treatment of Claire.

As above

- (38) Since 21st October 1996:
 - (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it

I have no knowledge of this case.

(b) State the source of your knowledge and awareness and when you acquired it

As above

(c) Describe how that knowledge and awareness affected your work.

As above

- (39) Describe in detail the education and training you received in relation to:
 - (a) Fluid management and balance (in particular hyponatraemia)

Advanced Paediatric Life Support.

(b) Record keeping

Teaching sessions in A/E department.

- (c) Assessment of children with reduced level of consciousness (e.g. Glasgow Coma Scale)

 Advanced Paediatric Life Support.
 - (d) Assessment of children with a learning disability

Teaching sessions in A/E department.

(e) Assessment of children with diarrhoea and vomiting

Teaching sessions in A/E department.

(f) Communication with parents of sick children

Teaching sessions in A/E department.

(g) Resuscitation in children

Advanced Paediatric Life Support.

(h) Recognition of the deteriorating child

through the following, providing dates and names of the institutions/bodies:

Teaching sessions in A/E department.

(i) Undergraduate level

Not applicable

(ii) Postgraduate level

Not applicable

(iii) Hospital induction programmes

Not applicable

(iv) Continuous professional development.

Not applicable

- (40) Prior to 21st October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:
- (a) Estimated total number of such cases, together with the dates and where they took place I do not recollect.
 - (b) Number of the children who were aged less than 10 years old

I do not recollect.

(c) Nature of your involvement

I do not recollect.

(d) Outcome for the children.

I do not recollect.

- (41) Since 21st Oc tober 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:
- (a) Estimated total number of such cases, together with the dates and where they took place I do not recollect.
 - (b) Number of the children who were aged less than 10 years old

I do not recollect.

(c) Nature of your involvement

I do not recollect.

(d) Outcome for the children.

I do not recollect.

(42) Identify any 'Protocols' and/or 'Guidelines' which governed Claire's care and treatment.

I am not aware of any protocols or guidelines.

- (43) Provide any further points and comments that you wish to make, together with any documents, in relation to:
 - (a) The care and treatment of Claire from her attendance on 21st October 1996 to her death on 23rd October 1996.
 - (b) Record keeping

(c)	Communications with Claire's family about her condition, diagnosis, and care and treatment.			
(d)	Lessons learned from Claire's death and how that has affected your practice			
(e)	Current Protocols and procedures			
(f)	Any other relevant matter.			
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THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				
Signed:	EAJackson Dated: 16 January 2012.			