WITNESS STATEMENT

Agency Ref: \$081

PF Ref:

Surname : PICKERING Other or previous surname :

Forenames: Gillian DoB: //1982 Age: 33

Occupation : Doctor - Registrar Other Occupation :

Police Station : Years Service :

Disclosable address:

Post Code:

This statement was taken:

Date and time: 14th of May 2015 14.45

By: EDWARD MILES DSI

Place: Within A&E Dept, Victoria Hospital, Kirkcaldy

In the presence of:

I have/the witness signed/refused to sign this and all other pages

It was/not read over to the witness and was/not recorded on Audio tape and/or Video tape

States:

I am a Doctor Registrar ST5 Speciality Trainee Year 5. I am a Speciality Trainee in Emergency Medicine having graduated from Aberdeen University in 2008 with MBCHB.

I worked during my 2 years foundation training in Aberdeen followed by 5 years at Edinburgh. I have held this post for 4 months of a six month term.

In August 2015 I will return to Edinburgh.

In my present post I am responsible for managing the A&E at night at Victoria Hospital Accident and Emergency Dept. I will speak about the circumstances which occurred on Sunday 3rd May. I have been shown by you a copy of A&E notes

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pertaining to an unkown patient with the A&E notes headed up by a unique no. V802512L. My involvement is as follows. I commenced duty on Saturday 02 May between 8pm and 8am. I was on duty in the department about 0740am when the black box which is a radio system the Ambulance Service hold to contact the department rang and was answered by a member of staff (unkown). The message related to a young male cardiac arrest. The patient arrived at 745 am at RESUS 1 which is a cubicle for emergency scenarios. The patient was on a metal slide to a hospital trolley. I would describe the patient as tall, black, early 30s and was wearing jeans. He may have had a bare chest. I cannot remember. I asked a paramedic for the circumstances and was told by one of the two that the patient had been in the custody of the police somewhere outside. I was told he had been in police custody, had collapsed and wasn't breathing. At this time when radiod in he was in respiratory arrest but had come over the radio as a cardiac arrest which was wrong as he had a pulse when he came. I had checked his carotid neck artery and had found a pulse.

I noted that he was handcuffed on his wrists which were in front of him and he had restraints on his legs preventing them from opening. The handcuffs and leg restraints were removed at my request by a male police officer who was 1 of 2 police officers. He had brown hair, 5'7", white and early 40s. Dr Sophie Rollings who had also been night shift put in a drip to his right ACF Anterior Cubital Fossa. I couldn't feel a pulse so he had gone into cardiac arrest. At this time I asked for nurse to tell me the time every 2 minutes as CPR had commenced.

I wanted to secure the airway so I looked via a laryngoscope to see if I could get a tube into his airway so I put in a -1- gel to allow me to ventilate better. Dr Susan Downie who was also present phoned for anaesthetics and Dr Martin Clark attended at Resus to take over the management of the airway. CPR continued as per ALS protocol (Advanced Life Protocol). He was given adrenalin, I'm sure it was his right arm. By this point the day team, that is Surinder Panpher, Rachel Anderson, Fiona Gillies. There may have been others who were asked to leave. The nurses present (not known) at my request rolled him onto his back. There was no evidence of injury. He did have an abrasion to his left forehead but nothing on his head.

It must have been 0810 and every 2 minutes we checked to see if he had output. On one check he was in ventricular fibrilation (heart flickering) so he was shocked by defibrillator under my direction. I was running the resus and would have directed someone to follow my instructions. There were another 2 occasions sporadically and after a couple on rhythms he had ventricular fibrillation and was shocked on 2 other occasions. He was administered after the 3rd shock 300 mls Amiodarone (cardiac muscle stabiliser) along with Adrenalin which he was getting 1mg every 2nd cycle of CPR.

Then we had a look via the ultrasound machine which came down via ITU. When I looked at the ultrasound it looked like there was some cardiac movement in so far as there was flickering of the heart ventricle.

CPR was continued and Dr Clark suggested putting in a arterial line into the right femural artery which Rachel (Dr Anderson) put in. Basically CPR continued as per protocol which is CPR checking every 2 minutes and administering drugs when

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appropriate. I may add when he first came in he was given Naloxone which would reverse any opioid he had taken such as methadone/heroin.

The ultrasound machine was checked again and there was very small movement, the valve I think was moving. At this point, nearly 0900 I stepped out to do his notes. I believe CPR was carried out for another few minutes by Rachel Anderson who had taken over the running of it. Life was pronounced extinct at 0904 hrs as the ultrasound machine showed nothing. There was some discussion and Rachel may have suggested putting IV canulation to decompress the chest. Both Dr Clark and I disagreed as the patient had no chest trauma and this would have given him a collapsed lung which would have given him more problems. This stage of the proceedings occurred from memory at about 0830am.

I wrote my notes up in the A&E notes and left them on the table in resus and said to Rachel that I had left them there. I believed it was a well run resus. There were 2 senior consultants and Rachel and I who are both registrars were also involved and there was nothing else that could have been done.

Signed:	(Witness)

WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname: PICKERING Forenames: Gillian

Alias/known as:

Place of birth: Age: over 18

Telephone:

Home address:

Post code :

Telephone:

Business address: Victoria Hospital

Hayfield Road Kirkcaldy

Post Code: KY2 5BD

Mobile :

Email : Fax/Pager : Other :

Dates when unavailable in next 12 months:

Other Confidential Material: