

WITNESS STATEMENT

Agency Ref : **S176**

PF Ref :

Surname : ANDERSON Other or previous surname :

Forenames : Rachel DoB : [REDACTED]/1978 Age : 37

Occupation : A&E Registrar Other Occupation :

Police Station : Years Service :

Disclosable address :

Post Code:

This statement was taken :

Date and time : 2nd of June 2015 11.50

By : DSI EDWARD MILES

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

In the presence of : INV WILLIAM DAVIDSON

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 Rachel Anderson and I am a A&E Registrar working from the A&E Dept of Victoria Hospital in Kirkcaldy. I have been working in the Dept. since 2005. I graduated in 2003 and began my A&E career in 2005.

On the morning of Sunday 3 May 2015 my shift was 8 am until 8 pm. I started just before 8am. From recollection the day shift was Surinder Panpher (consultant), Dr Fiona Gillies. There would have been 2 or 3 other junior doctors and the night shift were present. I recall the nightshift being Dr Pickering and Dr Sophie Rollings with others (Doctors). I genuinely cannot remember their names. As I was walking through the Dept. and about 8 am, whilst dressed in 'scrubs' came across an on-going resuscitation in cubicle 1. I went into the cubicle. Dr Pickering was leading the

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resus. There were a few people in the room including nursing & medical staff (not known).

Resuscitation was on-going. Police Officers were present, I think there were 2 police officers in uniform. The patient was a young black male, he was muscular. The patient did not have upper clothing on. I think he was undressed. The patient was not handcuffed and I didn't see any police equipment about. CPR was on-going and Dr Pickering was leading the resus and there was a scribe who was writing everything down. This was a female nurse who was performing that role or at least I think someone was doing this. Dr Pickering continued to lead the resuscitation and asked anaesthetics to attend ICU and Dr Martin Clarke had attended. I was aware of Surinder Panpher, my consultant being present. During the CPR the patient was mostly in PEA (pulseless electrical activity) which is non shockable rhythm but had 2 or 3 episodes of Ventricular Fibrillation where we were able to give him a shock. I placed an arterial line in his groin and could feel a movement which is something like a pulse at the same rate the CPR was being delivered. The patient had been intubated upon my attendance. At some point we had tried to use the THUMPER but it wasn't possible to get the right position so manual CPR continued. It is often difficult to get the right position and we did try 2 or 3 times. We stopped and continued CPR. We knew that the CPR was good as we were getting a trace on the arterial line which means that there was some blood pressure.

I was present when Dr Clarke had the ultra sound machine placed the probe on the patient's chest to view the heart and we, Dr Clarke, his assistant (Dr Hall), Surinder Panpher, Dr Gillian Pickering and some others (not known) had seen the left ventricular wall movement (part of the heart pumping the blood to the body & brain) indicating that his heart was making some minimal effort to contract. This wasn't strong enough to be felt as a pulse. CPR continued as a result of this and adrenalin was given every 2nd cycle of CPR (4 minutes approx.). He also had a dose of AMIODARONE (an anti-arrhythmic) to attempt to normalise the heart rhythm.

At this stage of the resus we managed to get the THUMPER working and I recall a very slight movement on the arterial trace. This was before the THUMPER had been applied.

After stopping CPR every 2 minutes to reassess the rhythm and it was noted that the small movement of the arterial line trace that had been consistent with a small cardiac output had gone showing further deterioration in his condition. A further ultra sound was carried out and it was agreed that there was no spontaneous movement of the heart at this stage. I performed a brief first scan to see if I could see any blood in the abdomen (with ultra sound). This was negative. At this stage with no heart contractility it was agreed we should stop all CPR. During the resus we considered the possible reversible causes of his cardiac arrest on of which could have been pneumothorax (collapsed lungs). We considered treatment for this and

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agreed that since he was able to ventilate and had good air entry on both side it was unlikely he had a pneumothorax. He also had IV fluid administered during the resuscitation I took a couple of blood/ gas samples the latest of which showed severe deterioration inconsistent with life. I pronounced life extinct at 0904 hours. The resus was well run and well organised resuscitation with a large amount of senior input. This is a true and accurate account.

I would like to add that there was a top to toe to look for injuries and he was 'log rolled'. I didn't find any injuries or signs of intravenous drug abuse. I did not see any signs of bleeding and I don't recall the patient having bruising on the forehead. I think there was some mention to the patient having had a bang to the back of his head but I could not find anything externally visible.

I would also add that I examined the patients friend (Zahid Saeed) a couple of hours later when he was brought in by police officers. He told me that he and his friends including the patient had been out drinking all night and at about 0600 am his friend had assaulted him out of the blue and that he had been punched about the face, no weapon had been involved. He had symptoms of a mild head injury but nothing to find on examination and I discharged him into police care.

Signed : (Witness)

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WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : ANDERSON Forenames: Rachel

Alias/known as :

Place of birth : [REDACTED] Age : over 18

Telephone :

Home address : [REDACTED]

Post code : [REDACTED]

Telephone :

Business address : Victoria Hospital

A&E Department

Kirkcaldy

Post Code : KY2 5BD

Mobile : [REDACTED]

Email : [REDACTED]

Fax/Pager :

Other :

Dates when unavailable in next 12 months :

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Other Confidential Material :

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