

STATEMENT OF WITNESS

STATEMENT OF MAUREEN MILLAR

DATED THIS 4th DAY OF April 2008

I, MAUREEN MILLAR, declare that this statement is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence at the Inquiry I will 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.

1. The documents which have been produced and shown to me in connection with making this witness statement are listed below together with their page numbers in the inquiry materials. Where I refer to a particular page of a document the inquiry page number will be given for ease of reference.
2. I worked as a Staff nurse at Craigavon Area Hospital on 26 April 1997. My shift started at 20.30 on 26th April 1997 and finished between 07.30 and 08:00 on the 27th April 1997.
3. I was in charge of the Accident and Emergency department, having joined the department in 1986. Being in charge meant that I assumed overall responsibility for the care and treatment of patients. Although each nurse is responsible for their own actions, I had overall responsibility which included liaising with appropriate people and ensuring that all patients were treated correctly, carefully and were comfortable on my shift.
4. In my role I allocated tasks to the staff nurses under my charge in respect of the treatment of individual patients. Furthermore, I carried ~~and~~ ^{the} controlled ~~the~~ ^{Dr 04/04/08} drug keys which enabled access to the drugs in the control cupboard. Dr 04/04/08
5. I cannot recall if it was a particularly busy night but I do recall Robert Hamill being admitted. He was brought in by ambulance and was being

given oxygen en route to the hospital. There has now been produced and shown to me the hospital records from Craigavon Area Hospital containing page numbers 38972 -38973 and page numbers 38665 -38680. From the triage sheet at page 38972, he came in at 2.05 in the morning of the 27th April 1997.

6. This form is the first document to be completed when a patient first arrives into the Accident and Emergency Department. I did not complete this form. It includes a brief description of the patient's condition, any history, an injury assessment and what treatment has been administered to them i.e. whether their pulse or blood pressure has been checked or if saline soaks have been administered. Robert Hamill was triaged as "2" out of "5" and his condition was described as "*urgent*" as opposed to being "*critical*", which is rated as "1". A critical rating would only apply in cases where the patient may have suffered a cardiac arrest and have clinically died.
7. It is recorded that the patient was "*? involved in a fracas in Portadown. ? hit on the head by a bottle*". I cannot recall from where this information came, but the question marks before the statements denote that it is an allegation or query and not a confirmed fact. Again in respect of the statement "*wound to the back of the head*", I do not know who observed this but I cannot recall examining the back of his head personally nor can I recall anything about such a wound. That could be a visible observation. Any lacerations or an injury to the scalp will bleed profusely. It is sometimes possible to think that a wound is elsewhere because of the way blood travels. Robert Hamill was lying flat, so even if he had a laceration to the side of his head, blood would fall back and make it look as if there is a laceration further back.
8. I recall that his complexion was quite red but do not remember if he had any bruising on his face.
9. He was taken into the resuscitation room. As the nurse in charge, I had other staff nurses with me and we followed the paramedics into the "resus"

room. We would have received the patient there and taken a history. I cannot recall to whom I spoke or what was said but in these circumstances the paramedics would have handed over the information about his injuries, what had happened and what treatment they had administered to him on the way to the hospital. Given that his breathing was very loud and snorty, oxygen would have been applied straightaway.

10. Given that Robert Hamill's breathing was laboured we immediately needed to call the A&E doctor and the anaesthetist. They were "fast bleeped" to attend the department as quickly as possible. When a doctor is "fast bleeped" you say "*this is resus, urgent patient, airway problem*" or "*head injury*" or whatever the problem is. The A&E doctor comes very quickly with back-up from the team into the resuscitation room. The night sister in charge of the hospital would have to be informed that a patient with a serious head injury had been admitted into the resuscitation room.
11. In the resuscitation room we carried out initial observations on Robert Hamill. We checked his pulse, his blood pressure, his pupils, oxygen saturation and respiratory rates. We also checked his Glasgow Coma Scale which is an indication of how alert or responsive a person is. If two people are talking to one another, looking at one another, with eyes open and responding the Glasgow Coma Scale is 15 out of 15. With a head injury, or if somebody had a facial injury, they may not be able to speak, but they are able to open their eyes or flick their eyes when they know what is being said to them. A person may have their eyes closed, be semi-conscious, but they'll move them or open them if for instance an intravenous needle is inserted or if an injured limb is moved. They would respond to pain in that way. In Robert Hamill's case, this reading was quite low.
12. The normal practice is for the nurse or doctor administering a particular drug or treatment to ensure that their actions are recorded in the nursing care plan which is initiated as soon as possible. This ensures that all data is recorded, whether it is drugs administered to the patient or IV fluids or dressings. Anything that is done is recorded because then it is transferred

with the patient to whichever area they go, whether that is intensive care, theatre or another hospital. As well as treatment being documented on the actual A&E sheet, it will be documented on the nursing care plan.

13. I made some of the entries in the nursing care plan which has been produced and shown to me at pages **38665 and 38666**. I completed the appearance of skin and noted "*bloody ++ head + face*" meaning that there was a lot of blood on his face. I have ringed "*Lacerations.*" I cannot remember where this blood was coming from but head injuries tend to bleed very badly as the face and head are well supplied with blood vessels.

14. Under the section '*immediate care area*' I noted that he had intravenous fluids in his left arm, which was a litre of Hartmann's at 02.45am.
Dr 04/04/08

15. Over the page at page **38,666** in the section headed '*Medications*' I have written *Scoline*, 100mg was administered intravenously. It is a muscle relaxant given to a patient by the anaesthetist intubating the patient. Anaesthetic drugs, 400mgs of *Intraval Sodium* and 80mgs of *Diprivan* were also administered by a Dr Gormley. These induce sleeping and are given prior to a patient's airway being maintained by an endotracheal tube and ventilated. Dr Gormley was the anaesthetist on duty that night and he administered these drugs at 03.40am.
DIPRIVAN Dr 04/04/08

16. I understand that there was another man in the ambulance, **D**, but I was not involved in his treatment and can only recall Robert Hamill being in the resuscitation room. I recall speaking to family members but I cannot recall if they had accompanied him in the ambulance or arrived later at the hospital. There were about 8 or 9 family members and they were clearly very distressed about his condition and injuries and I vaguely remember that they felt that there had not been any intervention in the incident. I am not able to recall any details of what was said.

17. I have been asked if I recall speaking with any police officers in hospital that evening or if any of my staff approached me to advise that the police wanted to ask questions. I do not recall any police officers and if they had been there and wanted to ask questions they would have been directed to speak with the doctor as we did not give out information.
18. Also I cannot personally recall handing over any of Robert Hamill's clothing to his family although at page 38666, a continuation of the nursing care plan, it says, "*Clothing... taken by father.*"
19. The in-patient, follow-up and out-patient notes have been produced and shown to me at pages 38669 to 38680. On page 38670 Dr Gormley has recorded the drugs and treatment he had administered to Robert Hamill. Different names are used in these notes from those that appear in the nursing care plan. However, *Thiopentone* is also known as ^{INTRAVENAL} Sodium and *Sux* ^{HT 04/04/08} is short for Suxamethonium which is also known as Scoline. Dr Gormley has recorded that Robert Hamill's head was "*Held in line*" and that he had a "*Collar on*" which is a cervical collar to maintain the cervical spine. "*Cord seen*" means that when they're intubating a patient they can see the vocal cords so that the endotracheal tube is passed down safely and correctly. "*IPPV*" is a type of ventilation, positive pressure ventilation and *20mgs of Vecuronium* is another anaesthetic drug. This last drug was not recorded in the nursing care plan and I cannot recall Dr Gormley asking me for this drug.
20. Robert Hamill would have been continually observed and he was attached to a monitor that recorded his pulse and blood pressure. We would also have kept a general eye on his colouring and check on him as often as possible which could mean every fifteen minutes or every half an hour.
21. Entries would also be made on the Head Injury Chart. This has been produced and shown to me at page 38678, and is where we recorded all of our observations. It would be a record which was began in A&E and which was continued so if necessary it could be transferred with the patient.

Across the top the page are times which record when he was observed including times when he was observed in Intensive Care. Looking at the observation sheet, his pupil size and limb movement were non-responsive which occurs in people with severe head injuries.

22. In respect of pupils, they normally dilate with light. With a head injury, with inter-cranial pressure, pupils can become quite dilated. They may be non-responsive, in that when you shine a light on them, the pupil doesn't constrict, it stays dilated. The drugs that Robert Hamill was given would sedate him and would keep his pupils constricted plus the injury would have had an effect on that part of the brain that controls movement. Three to four is an average pupil size. Robert Hamill's pupil size seems to have remained static at three.
23. Then further down "Limb movement" is a reference to the movement of the arms or the legs, whether they are moving freely, whether they move in response to pain. Given that he was intubated and sedated and on a ventilator, so he was in a deep sleep, he wouldn't have been moving that much at all.
24. I cannot now remember the names of the staff that treated Robert Hamill or what treatment he was given for his head injury. The doctors change every six months, together with the different teams including anaesthetics, surgical and medical so it is very difficult for me to remember back over nine years ago any specific names.
25. Robert Hamill was transferred to the Intensive Care Unit from the Accident and Emergency department at 04.35 as noted on the triage form at page 38973. I think that he would have been in A&E for two to two and a half hours. I cannot comment on the specific documents used in the Intensive Care Unit but one of my staff nurses would have handed over his notes to the specific staff nurse in Intensive Care who had been allocated

to Robert Hamill. I would have let the night sister know that he was being transferred.

26. I can see from the documentation that he was later transferred to the Royal Victoria Hospital. This may have been as a result of the CT scanner in Craigavon Area Hospital not working. This equipment is essential for diagnosing head injuries and would have been needed in this case. The Royal Victoria Hospital also has a specialist Neurosurgical Unit which would also have been of assistance to Robert Hamill. Every document would have been transferred including the A&E sheet, the nursing care plan, and if he had intravenous fluid, such as he had, he would have a fluid chart plus any medication which the doctors gave.
27. There has now been produced and shown to me page **38671** which seems to be a specific transfer patients form from the Intensive Care Unit, Craigavon Area Hospital. I am not familiar with intensive care documentation which is specific to that unit.
28. I had no further involvement in Robert Hamill's care once he left the A&E Department in Craigavon Area Hospital.
29. As I worked in Accident & Emergency for 13 to 14 years and treated an awful lot of very ill people in the resuscitation room involving major incidents and major trauma it is very difficult to clearly recall everything in detail.

SIGNED

Fusheen Tulear 04/04/08.