

CH.18

R - v - HOBSON

Q120 Were you the person who had to deal with Mr. Robert Hamill when he was brought in by ambulance? A I was.

Q121 Can you say whether he was conscious or unconscious when he arrived in the ambulance? A Mr. Hamill was unconscious when he arrived.

Q122 Did you check his vital signs? A I did.

Q123 What did you find? A He was breathing with some difficulty from air obstruction. He was having some difficulty breathing and maintaining his oxygen saturation as well which was 75 per cent, 95 to 100 per cent being normal, so he had a problem with his breathing and his airway. I tried to open his mouth to insert an airway to try to clear his airway but his mouth was in spasm. I couldn't open his mouth so I put on a bag of oxygen and a mask and bagged him to help him breathe.

Q124 Was an anaesthetist sent for immediately?

A Yes, my Lord.

Q125 Was he intubated by the anaesthetist? A He was, yes.

Q126 Was a cervical collar put on and large ventflows inserted? A Yes, my Lord.

Q127 Was it then decided he would have to be transferred to the Neurosurgical Unit in the Royal Victoria Hospital?

A Yes.

CH.19

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CROSS-EXAMINED BY [REDACTED]

Q128 [REDACTED]: Did you carry out a physical examination of Mr. Hamill? A I did a brief physical examination.

Q129 Did you note any injuries on him? A I noticed that there was no open injury.

Q130 Sorry?

Q131 [REDACTED]: No open injury?

A No open injury and his tummy was soft and there was no evidence of a fracture in his limbs.

Q132 MR. ALISTER: Was there any evidence of any fracture to any of his facial bones? A From my recollection I don't think I could say that there was but in saying that I would say that my attention was basically to preserve his airway. That would be my main consideration.

11.45am to EW

1 EW from CH at 11.45

2 DOCTOR LOW

3 (Cont'd) cross-examination by [REDACTED]:

4 Q. But there was nothing obvious about his facial features to
5 indicate that he had been the victim of a savage assault?

6 A. Not that I have noted, no.

7 Q. Did you note any obvious physical injuries?

8 A. No, I did not, except for his unconscious state.

9 Q. Yes. Now, you said that you examined his vital signs, were
10 they stable?

11 A. His, well obviously his airway was not stable but his
12 circulation was stable at 163 over 100 blood pressure.

13 Q. I didn't pick you up as to what percentage you said was
14 normal as in terms of airway?

15 A. The oxygen saturation should be 95 per cent or above in
16 a normal individual so his was 75 per cent which was very
17 compromised.

18 Q. Were you able to establish why there was this partial
19 obstruction of his airways?

20 A. No, my Lord, but he was, I couldn't open his mouth so
21 there was obstruction in the airway in some way.

22 Q. You never were able to establish whether it was vomit or
23 anything else?

24 A. No, my Lord.

25 Q. Was that not done at all while he was in Craigavon?

26 A. Well the anaesthetist who intubated him, he required to
27 be paralysed before he could be intubated so only at that
28 stage could his mouth be open and he would have a look in to
29 see if there was any vomit or any such thing in there.

30 Q. Was that done?

1 A. I'm sure the anaesthetist did it but I was not present
2 at that time.

3 Q. You don't know?

4 A. I don't know?

5 Q. Would one normally expect when a casualty has been brought
6 to hospital by ambulance that the ambulance crew would have
7 done their best to clear the airways?

8 A. In most circumstances, yes, they would try and keep the
9 airway clear.

10 Q. And in this case had oxygen been given in the ambulance?

11 A. Yes.

12 Q. Were any samples taken in terms of establishing the level of
13 intoxication?

14 A. I have sent the blood levels away, I have seen a lot of
15 correspondence, not from myself, but yes, alcohol blood
16 level was taken.

17 Q. Do you know the finding?

18 A. 78 -- am I at liberty to disclose it to the court, it's
19 not?

20 MR KERR: It's in the pathologist's report anyway.

21 [REDACTED]: You have no problem with this, yes. I
22 think there is no difficulty about this.

23 THE WITNESS: The alcohol level was, the blood alcohol level was
24 221.

25 [REDACTED]: In 100 mg?

26 A. It doesn't say so, I assume so.

27 Q. It was a blood sample?

28 A. Yes, it was a blood sample.

29 Q. What would that do for the patient's own capacity to clear
30 his airways?

1 A. I am not an expert to be able to answer that question.
2 I would imagine there would be a lot of people who have
3 drank a lot of alcohol with similar circumstances of blood
4 alcohol and would not have any problem with that alcohol,
5 their airway being compromised, but I cannot say for sure.
6 Can I also add that coupled with a head injury it could in
7 theory compromise the airway.

8 Q. You are accepting with a head injury the level of
9 intoxication could further compromise his own capacity to
10 clear his airways, is that what you mean?

11 A. I'm not saying that, that he caused his own airway
12 obstruction but a combination of the factors of the alcohol,
13 and plus the head injury which caused more of it, I'm not an
14 expert to say that, what causes the other or which causes
15 what.

16 Q. Have you any notes which indicate what the airway
17 obstruction was?

18 A. No, my Lord.

19 Q. Thank you.

20 MR KERR: Nothing.

21 [REDACTED]: Any re-examination? Thank you Mr Low.

22 [WITNESS WITHDREW]

23 MR KERR: I take it the doctor can be released?

24 [REDACTED]: Yes, indeed.

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