EX(423)

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR SHARYN SMITH

I, **SHARYN SMITH**, Consultant Emergency Physician, Royal Brisbane and Women's Hospital, Brisbane in the State of Queensland, acknowledge that this written statement is true to the best of my knowledge and belief.

1. I am currently employed by Queensland Health as a Consultant Emergency Physician at the Royal Brisbane and Women's Hospital (RBWH).

2. On 27 July 2004, at 6:45pm, I was contacted by Dr James Boyd of the Bundaberg Base Hospital and requested to arrange for the transfer of Mr Desmond Bramich from Bundaberg to the Princess Alexandra Hospital.

3. Prior to me receiving the telephone call from Dr Boyd (from perusing the records held by the RBWH), I am aware that Dr Victoria Brazil, another Emergency Physician at the RBWH, had received a telephone call from Dr Carter, a doctor at Bundaberg Base Hospital, at 4:20pm. At that time I believe there was a discussion in relation to Mr Bramich but there was no request for retrieval at that stage.

4. At the time that this incident occurred, the process for arranging a retrieval involved the referring hospital contacting the clinical coordinator for their particular zone. Clinical coordination for the central zone, which included Bundaberg, was performed by the Emergency Department of RBWH.

5. Attached and marked **"SM-1"** is a copy of the **'Critical Care Retrieval Services - Clinical Coordination Form'**. The information written on this form in blue was written by myself as a result of my conversation with Dr Boyd at 6:45pm. I understand that the information written on the form in black was written by Dr Brazil,

whose writing I recognise, as a result of the earlier discussion between her and Dr Carter at 4:20pm.

6. After receiving the telephone call from Dr Boyd, I then contacted the Aeromedical Desk at Queensland Ambulance Service and arranged for the aircraft to be made available. I also arranged for Dr Jacqui Butler, a Registrar from the RBWH, to meet the RFDS plane and crew at Brisbane Airport and attend to the retrieval of Mr Bramich.

7. According to the clinical coordination form, that Dr Butler left the RBWH at approximately 7:30 pm to meet the Royal Flying Doctor Service (RFDS) plane at Brisbane Airport.

8. I do not recall any further telephone calls or interaction between myself and the Bundaberg Base Hospital in relation to the retrieval of Mr Bramich. I also do not recall being contacted by anyone at Bundaberg Base Hospital, or otherwise, and being asked to defer or cancel the retrieval. If this had occurred, it would ordinarily be documented on the clinical coordination form.

9. I am also unaware of the reason for the delay in the RFDS plane departing from the Brisbane Airport. Having said that, it is not unusual for a doctor to attend the Airport for a retrieval and the plane not be ready to depart.

10. On the first page of the Form referred to in paragraph 5 of this statement (Attachment 'SM-1') I have written a comment stating " **This patient was ventilated at 1300 – a fact which they failed to mention on initial phone call*". The significance of this comment is that such information is required in order to assess the staff and equipment requirements that may be necessary for the retrieval. It is also an indication of the severity of the patient's condition.

All of the facts and circumstances above deposed to are within my own knowledge and belief, save such as are deposed to from information only and my means of knowledge and sources of information appear on the face of this my affidavit.

Signed at Brisbane on 3rd October 2005.

Sharyn Smith.
....

Dr Sharyn Smith
Consultant
Royal Brisbane and Women's Hospital
Queensland Health

Ex 423

Critical Care Retrieval Services – Clinical Coordination Form

Date	27/7/04	Caller	Martin Carter . Dr James
Time	1620 .	Referrer	Bundaberg . Boyd
CC Unit		Ref. Location	
Clinical Coordinator	BRAZIL	Phone 1	41502316
		Phone 2	

Request For

- Primary ☐
- Retrieval ☐
- Urgent Transport ☐
- Non-Urgent Tpt ☐
- Advice ☐

Pt. Name: Desmond Bramich

Age	DOB	Gender	Wt.
46		M	

Address:

Ref. Hosp/Unit: Bundaberg ICU .

Rec. Hosp/Unit: Cardiothoracic Reg

Rec. Dr and Ph.: PAH David Hall

If Primary:

Winch? Yes ☐ No ☐ | No of Patients

Weather: Day ☐ Night ☐

Fine ☐ High Wind ☐ Low Cloud ☐ Rain ☐ Unknown ☐

Location: ICU bed arranged.

Clinical Details

Chest trauma 2/7 ago. Crush injury to chest.
"Intrathoracic bleeding"
CXR – # ribs ⓡ CT Abdo initially ⓝ
This am – collapse – filled up chest.
– drained 800ml
– likely from an intercostal
CT Abdomen.
· Still resuscitating
NO REQUEST FOR RETRIEVAL AT THIS STAGE
Currently
ADI on ground. Planning to leave ≈ 1900.
for out-west
Plan Await further discussion c̄ Dr Carter

Clinical Status

	Time 1	Time 2
Airway		
C Spine		
Br/Vent		
R.Rate		
Pulse	122	
BP	84/–	
Sp02		
GCS		
Pupils		
Temp.		

Pathology

Medications

✗ THIS patient was ventilated at ~1300 – a fact which they failed to mention on initial phone call

Radiology

Fluid Input

Fluid Output

Problem 1

ongoing haemothorax
crush injury to chest
? cardiac injury

Problem 2

Problem 3

Problem 4

Recommendations

- IV Line 1 ☐
- IV Line 2 ☐
- IV Fluid ☐
- NGT ☐
- IDC ☐
- ICC 1 ☐
- ICC 2 ☐
- IPPV ☐
- CVL ☐
- IAL ☐
- Inotropes ☐
- Antibiotics ☐
- ☐
- ☐

PATIENT/CASE ASSESSMENT

Illness Type		Urgency		Predicted Level of Care		Distance	
Medical	☐	Immediate (<2 hrs)	☑	Critical	☑	< 60 km	☐
Surgical	☑	Urgent (2-6 hrs)	☐	High Dependency	☐	60 - 200 km	☐
Trauma	☑	Non-Urgent (6-24 hrs)	☐	Low Dependency	☐	200 - 500 km	☐
Obstetric	☐			No Dependency	☐	> 500 km	☑
Psychiatric	☐						

Access Difficulties Yes ☐ No ☐ Details ____________________

CLINICAL COORDINATION OUTCOME

Decision		Mission Type		Transport		Escort Level	
Advice	☐	Primary (Pre Hospital)	☐	Road	☐	Specialist	☐
Transport	☑	Secondary (IHT)	☐	Rotary Wing	☐	Specialist Registrar	☑
Retrieval	☐	Tertiary (ICU to ICU)	☑	Fixed Wing	☑	Flight Nurse	☐
Referred	☐	Rescue (Winch)	☐	Other	☐	RFDS Nurse	☐
						Paramedic	☐

Actual Outcome:

Time Team Activated		Total Clinical Coordination Time (Minutes)
Vehicle Used	ECG – ST changes	innumerable.
Team Sent	ECHO – small effusion.	CC Sign [signature] CC Name [signature]

Problems/Comments

1895: 1.5L from ICC, now settling
~100 ml over past 3h
P ~120 BP 80 blood 8u so far, 4u FFP
haemaccell 2000 ml, saline 2-3L
Hb 120 (was 60 prior to blood) 74 prior to ventilation
coags pending pH 7.32, pCO2 46, O2 295

Audit Required? Yes ☑ No ☐

Date Audit Completed ____________

Attached? Yes ☐ No ☐

ventilated now

CT abdo today ⊗ CT this afternoon – no pneumothorax – large haemothorax – pleural based.

LIFEFLIGHT - BRISBANE
CRITICAL CARE
RETRIEVAL SERVICES

MISSION PROFILE

Date: 27.7.4   Time: 1930

Task Type: Rescue ☐ 1Y ☐ 2Y ☐ 3Y ☑

Task Transport: FW ☑ RW ☐ Road ☐ Other ☐

Provider: RFDS   Base: Brisbane

Ref. Hosp: Bundy   Unit: ICU

Rec. Hosp: PAH   Unit: ICU

Severity:		Urgency:		Distance:	
Critical	☑	Immediate	☑	< 60 km	☐
High Dependency	☐	< 6 Hours	☐	60 - 200 km	☐
Low Dependency	☐	6 - 24 Hours	☐	200 - 500 k	☑
General	☐	> 24 Hours	☐	> 500 km	☐

Primary Location

Access Difficulty? Yes ☐ No ☐ Details

PATIENT PROFILE

Patient

Name: Desmond Bramich

DOB:

Address:

Next of Kin

Name: Tess Bramich

Relationship: Wife

Contact No.:

Transport Team

Doctor: J. Buter.

Nurse: RFDS RN (Anita)

Other:

Hospital:

IDENTIFIED PATIENT PROBLEMS

Resistant Hypovolemic Shock 2° to chest trauma ~~[illegible]~~ - (R) Haemothorax. Massive Tx Coagulopathy. ? element cardiac contusion. Respiratory failure. Cardiac arrest.

SECONDARY SURVEY

F = FRACTURE
L = LACERATION
A = ABRASION
S = SWELLING
H = HAEMORRHAGE
T = TENDERNESS
D = DISLOCATION
B = BURNS
P = PAIN

INFLIGHT COMPLICATIONS

Treatment

Equipment

Transport

Diagnoses: Cardiac arrest 2° to
1. Hypovolemic Shock
2. 2° to Massive (R) haemothorax
3. Massive blood Tx.
4. Coagulopathy

Patient Outcome

Improved ☐
No Change ☐
Deteriorated ☐
Died Prior to Tpt. ☑
Died During Tpt. ☐

Sig. 1 [signature]

Sig. 2

UR Number

Case Number

Audit Required? Yes ☑ No ☐

Form Complete? Yes ☑ No ☐

MONITOR									VENTILATOR												NEURO			PUPILS				MOTOR				OTHER	COMMENTS
Time	Temp	HR	NIBP	IAL	CVP	SATS	ETCO2		RR	MODE	FIO2	O2	TV	MV	PAP	PEEP	PRESS SUPP	ALARM ACTIVITY			E	V	M	RIGHT		LEFT		ARM R	ARM L	LEG R	LEG L		

Times:

Depart Base	1930	
Transport Out	D 2100	A 2150
Patient Care	A 2210	D 0220
Transport In	D 0240	A 0330
Arrive Hospital	0355	
Team Clear	0415	

Calculated Times

Activation Time ☐ Minutes

Transport Time ☐ Minutes

Scene Time ☐ Minutes

Total Mission Time ☐ Minutes

Feedback to Referring Service

(1)

....HOSPITAL

BUNDABERG HOSPITAL
BRAMICH
DESMOND

SEX
M

UR NO
086644

M

Ph(H)
Ph(B)
Anglican
PLANT OPERATOR
(Affix Patient Identification Label Here)

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28.7.4	Arrived ~~27.7.4~~ 12ish. B'Berg ICU
Butler	previously well
RBH DEM	56 ♂ c̄ no signif PMHx
Reg.	crushed under caravan 25/7/4
(Retrieval)	Init assessment (clinical + CT)
0100h	- multiple (R) rib #'s w/ flail
	→ sml ~~[illegible]~~ HTx + PTx
	- ? sml (L) PTx 0 #'s seen.
	- no solid organ injury on CT
	- abrasions
	- no bony limb/spine injury
	(R) ICC 32 Fr inserted - admitted
	ICU for observation.
	Progressing well → D/C to ward
	± 26/7/4.
	Sudden deterioration ~12MD
	→ (R) CP, tachy, resp distress
	→ minimal drainage from
	ICC. → adjusted → ~700ml blood
	1+v ~1300h.
	2nd (R) ICC. → ~700ml blood
	Rpt CT
	- lge (R) HTx + pul contusion
	- contusion/basal collapse c̄
	(L) lung. ± ??? v. sml PTx
	- no obvious mediastinal injury
	- multiple rib #'s as prev noted.
	Pericardial drain inserted ?tamponade
	→ 3-4ml blood only.

INPATIENT PROGRESS NOTES

MEDICATION ORDERS

ADMINISTRATION							ADMINISTERED							
DATE	TIME	DRUG	ROUTE	DOSE	FREQ	DOCTOR'S SIGNATURE	INIT	TIME	INIT	TIME	INIT	TIME	INIT	TIME

PROCEDURES BY FLIGHT TEAM

		Size/Site
IV Line 1	☐	
IV Line 2	☐	
IV Fluid	☐	
NGT	☐	
IDC	☐	
ICC 1	☐	
ICC 2	☐	
IPPV	☐	
CVL	☐	
IAL	☐	
INOTROPES	☐	
ANTIBIOTICS	☐	
	☐	
	☐	

FLUID ORDERS

DATE	TIME	FLUID	ADDITIVE	RATE	DOCTOR SIGNATURE	INPUT				OUTPUT			
						DATE	TIME	RN INIT	VOLUME GIVEN	IDC	NGT	ICC	ICC
									TOTALS:				

Input	Referring Hospital	Team	Output		Time Collected
Total Blood			Urine		
Total Colloid			Blood		
Total Crystaloid			Other		
Total Input			Total		

Total Input ☐

Total Output ☐

Worst Physiological State

AIRWAY
Safe? Yes ☐ No ☐

BREATHING
Adequate? Yes ☐ No ☐

C SPINE
Controlled ☐
Uncontrolled ☐
Not Applicable ☐

R. Rate	
Pulse	
BP	
Cap Refill (Secs)	
SpO2	
Temp	

GCS E ____ M ____ V ____ Total ____

Pupils L ________ R ________

Localising Signs Yes ☐ No ☐

FLUID BALANCE

Plus/Minus ☐ ☐

HISTORY

CURRENT MEDICATIONS

ALLERGIES

EXAMINATION

INVESTIGATIONS

RADIOLOGY

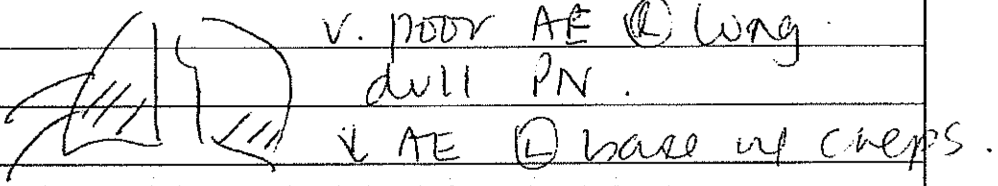
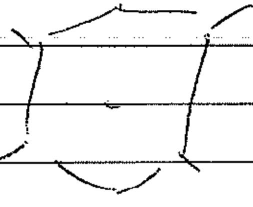
NURSING DOCUMENTATION

BRIEF HISTORY

NURSING CARE PRIOR TO TRANSFER

NURSING CARE DURING FLIGHT

— Dr. Younis
— Dr. J. Boyd

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Remained hypotensive + tachycardic
	despite aggressive fluid resus
	+ inotropes.
	→ t/fer to RAH ICU arranged.
	Σ/A Total fluids: 11U Blood
	(50% (?)) 4U FFP
	3000 Crystalloid
	2000 Colloid.
	UO >40 ml/hr.
ABG (2152)	O/E: IPPV 16 x 700 PEEP 3 FiO_2 1.0
pH 7.32	Sat 100%.
CO_2 42	HR 150 ST BP 70/–
O_2 327	poor periph perfusion.
HCO_3 21	pale
BE 3.5	Nor Ad. 10 µg/min
AG 10.	Dobut 15 µg/kg/min.
* Hb 71	Ⓡ IJ CVL – no CVL recording
K 4.5	
Na 137	HS dual.
Ca 1.13	 V. poor AE Ⓡ lung.
	dull PN.
	↓ AE Ⓛ base w/ creps.
	ICC's ①. S✓ D✓ ~100ml over prev 2hrs.
(ECG)	② S✓ D✓ ~250ml over
– ST 130	2hrs.
– Ⓝ Axis	Abdo
– borderline	 Soft.
~~[illegible]~~ conduction	0 bruising
delay	BS ⊕.
– 0 obvious isch	not distended.
Δs	

② ....HOSPITAL

BUNDABERG HOSPITAL | SEX | UR NO
BRAMICH | M | 086644
DESMOND

M

Ph(H)
Ph(B)
Anglican | PLANT OPERATOR
(Affix Patient Identification Label Here)

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28/7/4	Imp: ① persistant H°volemic
cont'd.	shock.
	② Chest injuries as documented
	?? Small Ⓛ PTx.
	③ Massive blood Tx.
	- mild coagulopathy
	INR 1.4 (post 4U FFP).
	P: 14g IV Ⓡ cub fossa.
	- 3U plcells } given over
	- 4U FFP } 1hr.
ABG (2251)	- 1L N/Saline }
(FiO2 0.8) pH 7.32	Calcium Chloride 10mmol IV ✓
CO_2 44	→ Some clinical improvement.
pO_2 216	HR 135 BP 90/-
Hb 99.	ventilation }
Ca 1.02	inotropes } unchanged.
Rpt CXR	→ During Δ? of ICC drainage bags
- white out	for flight → fast ooze from
Ⓡ lung -	lower ICC site
w/ mediastinal	est ~300-400 ml into bed.
shift to Ⓛ.	- site resutured by Surg Reg
- loss of vol Ⓛ	→ Commencing 1/0 Ⓛ ICC for
lung, no	flight.
obvious PTx.	
- Ⓛ effusion	* Noted to ~~be~~ be becoming brady
+ LL collapse.	cardic HR 60 SR. ~~BP 60/~~
	BP trending down ≠ 70/

INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Sats probe not working
	Pk airway pressures ↑'g = 42
2335h.	⇒ pt taken off ventilator
	hand bagged 100% O_2.
	14 g IVC into Ⓛ chest.
	→ nml amt air.
	progressive brady + HoTN.
	HR 45 BP 50/~.
	CPR commenced.
	→ Atropine 1mg
	Adrenaline 1mg.
	Further Tx P/cells + FFP
	during CPR → ~800ml blood
	from ICC Ⓡ.
	ICC inserted Ⓛ chest.
	~100ml blood out.
	Rhythm Δ to slow VF
	no output.
2341h.	DCCS 200 + 200 J.
	return to narrow complex
	Sinus °output.
brief, non-	CPR + Adrenaline + Atropine
sustained	← continued.
response only.	{ total Adrenaline = 10mg
reverted w/in 30sec	Atropine = 3mg.
to agonal rhythm	total Fluid during CPR
rate ~20 °output.	= P/cells 4U.
	N/Sal 2000ml.

(2)

......................................HOSPITAL

BUNDABERG HOSPITAL SEX UR NO
BRAMICH M 086644
DESMOND

M

Ph (H)
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INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
28/7/4 contd.	nil output from pericardial drain
	Abdo noted to become v. distended + tense.
	[illegible] old blood from NGT
	unable to get USS. Abdo.
	D/W Dr Kennedy (PAH ICU S/R)
	D/W Staff present.
	- Dr Younis (ICU Cons)
	- Dr J Boyd (Surg Reg).
	- ICU nursing staff
	- RFDS RN
	→ all in agreeance w/ cessation of resuscitation
	Time of death ~~[illegible]~~ 0012h 29/7
	Family advised of events/prognosis before/during + after CPR.
	Presume death for consideration of coroner.
	Rest in Peace.
	[signature] Butler PHO Reg RBH

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INPATIENT PROGRESS NOTES

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT