Other Document

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Priority: Low Class:
Title: AUDIO RECORDED INTERVIEW DR RAVA JAYARAM 3.4.24 RE Baby K

Tape Counter Times	Person Speaking	Text
00:00	4960	Ok, we're recording.
	23982	Ok so, the date is, it's Wednesday the third of April 2024 in the office of Ravi JAYARAM at The Countess and the time by my watch is seventeen minutes past ten. So, Ravi's with us and also present is…
	4960	DC 4960 Kate MILLINS.
	23982	And I'm civilian Investigator now, Darren RILEY, ok so obviously you know why we're here for the re-trial of Baby K
	R	Yes
	23982	Yeah, and we've been asked by counsel to ask you some specific questions related to, to the morphine, the giving of morphine to Baby K around the time of the collapse. So, you've been supplied with a number of documents including swipe data, a drug register entry which you should have.
	R	Yeah
	23982	And you're previous statements, four previous statements as well as the court transcripts. So, you've had opportunity to have a look through them?

	R	I've had a quick look through, yeah.
	23982	Ok, if at any time you want to refer to them while we're talking then please do so.
	R	Sure
	23982	Theres no problem with that, but this should, shouldn't take long at all Ravi.
	R	Ok
	23982	It's a very specific thing that we need to ask you about and we'll just start with, having looked through all those documents. Now that you've had that chance, is there anything you can tell us about when the morphine infusion was given. This is the one that was sort of pre-zero three-fifty?
01:51		
	R	Yeah
	23982	Pre her collapse.
	R	Sure, so my initial impression I think when I gave the original statement, was that the morphine had been given, morphine had been given earlier than that. Looking through the notes, as I can see, I'm scrolling as we speak just to look at the notes, I've got too many things open here. Let me just get the right one, so the collapse I think that we referred to, was the one that happened at 03:50.
	23982	Yeah
	R	Is that correct?

	23982	Yeah
	R	Looking at that, as I said previously, she'd been fairly stable with nothing to suggest any slow or rapid deterioration. Looking at the, now initially I think in my initial statement, I was under the impression the morphine had started earlier, looking at the drugs record, I can see that this is the book where controlled drugs are signed out by the nurses.
	23982	So, this is the drugs register.
	R	This is the drugs register.
	23982	Yeah
	R	So, nurses when they give a controlled drug have to sign it out. Looking at this, there's an entry at 03:30, that morphine was, well it says 03:30, it's got patient's name, female in from Baby K It says amount given, one times fifty mils, which I think is the amount taken out, and it's signed for by Jo WILLIAMS and there's another signature witnessing so nurses double check. So it was certainly taken out, or signed out at 03:30, there's an entry underneath that at 03:30 saying expired stock discarded which is again signed by Jo WILLIAMS and a signature which I can't recognise, and then there's another entry under that, at again seventeen-two-sixteen the date, which looks, I think like it says, it looks either like an 03:10 or an 08:10, I'm assuming it's an 08:10.
03:55		
	23982	Mm hmm

R	Because it's chronologically after the previous ones, now that would suggest that certainly the morphine might have been given before 03:50, the other thing I just want to look at, is the actual.
23982	Is that the right amounts though, so you see that?
R	No, so fifty mils of morphine is a lot of morphine, that isn't the register that tells you how much was given to the patient, well let me, sorry let me go back. It doesn't on this say what the dose was, it's a, when it says fifty mils that will be one of the preprepared fifty mil of morphine syringes that are used for morphine infusions.
23982	Yeah
R	And then the dose is calculated on weight, so what I honestly don't know, when it says 03:30, whether that means that is the time where it was administered or whether that is the time that it was actually given and attached to the patient. I'm not sure what the thing underneath.
23982	So, it could be either the time it was signed out of the safe.
R	Yeah
23982	The drugs safe
R	Yeah
23982	So, to speak, it could be that time.
R	Yeah

05:30	23982	But it's also possible it could be the time that it was given.
	R	Yeah
	23982	Is that.
	R	I mean if it was the time it was given, it wouldn't have been given any earlier than 03:30, my understanding, and you'd have to clarify with nursing staff who do this day in day out. Is that the time that is here, is usually the time that has, it has been signed out from the controlled drugs cupboard, but I would need to…
	23982	Right
	R	Clarify that with the nurses, what I want to now look at is the actual treatment chart, because that will say, when I can find it, because that will say when the morphine was prescribed and when it was actually administered. So, I'm looking now on the evolve electronic case note record at a prescription chart. So we have specific charts, so what's on the chart here, is a chart for morphine prescriptions, so this doesn't say the time that I wrote it but it's my writing here where it says first dose was three fifty at nought point three four mils per hour which is twenty micrograms per kilogram and that's been signed by I think two nurses, one of them is Jo WILLIAMS, I can't recognise the other signature.
	23982	So just for information, that is the one I was going to bring up and show you, so that's page fifty-one and that's the neonatal variable dosage.
	R	That's correct.
	23982	Infusion

	R	Yeah
	23982	So that's page fifty-one of the medical records.
07:11	R	Yeah, in your…
	23982	In our paginated version, yeah
	R	Ok
	23982	So that, so you can confirm that, that is your writing.
	R	That's definitely my writing there that says.
	23982	All of it or which bits aren't?
	R	The only bits there that aren't my writing, are where in the demographic data, the CC number, the patient's name, the patient's date of birth, allergies, and weight, are not my writing. Consultant name GIBBS because Doctor GIBBS was the named consultant, the starting rate and the signature are mine. The date written after my signature and printed name is not my writing. The squiggle which says pharmacy check isn't my writing and the two signatures where it says nurse signature are also not my writing.
	23982	So given that, that it says time started there, 03:50 and that is your writing.
	R	That's my writing.
	23982	So, what would that suggest to you if you.

	R	If I was looking at that and again, we do a lot of things sort of prospectively, retrospectively, but that would suggest that that would suggest to me that it wasn't started until three fifty. Having said that, it was taken out at three thirty, so I'm not sure that I, I'm not sure that, what I can't say from that. sorry I've just lost the sheet again, let me just find it again. What I can't say from that, is that I didn't prescribe it before three fifty and I suspect I probably did prescribe it before three fifty because it suggests that it was taken out of the controlled drugs cabinet at three thirty, I've written three fifty that it was started then, I can only assume therefore it started at three fifty, it might have been started before that I honestly don't know, in terms of the sequence of things.
09:05	4960	Does it always have to be a written prescription, or can you give verbal authority?
	R	Usually for morphine because it's a controlled drug, it would be highly unusual for it not, for it to be a verbal prescription, sometimes with you know intravenous fluids, dextrose, saline, it might get started and with best practice, it should always be prescribed before being given. The pragmatics of things, sometimes we, they get put up if they've already been on something and the bag needs changing, it can get signed retrospectively. For a controlled drug, it would be extremely unusual for it to be have got out of the cupboard before it had been prescribed.
	4960	That's what I was going to say.
	R	So
	4960	How do you account for?
	R	So, I think if it had been taken out at three thirty it was probably because it had been prescribed at or before three-thirty. The one thing I'm not quite sure of the…

	23982	Can we not find the actual prescription, is there, no?
	R	That's it.
	23982	That is, that is the prescription.
	R	That is the prescription. So that chart, as I mean we do a lot of electronic prescribing now, but that chart there, that top bit is basically the prescription.
	23982	So how, how can it be that it was taken out at three-thirty when, because it's a controlled drug it would normally always be a written prescription.
	R	Well, that's what I think, I don't think it would have been signed out of the cupboard unless this prescription had been written.
10:21	23982	So
	R	Because you wouldn't take morphine out, now that said, good nurses might anticipate that the child's going to need morphine but usually it's pretty strict that you would, you wouldn't take it out until it had been prescribed.
	4960	Would there be a circumstance then that you have said yeah, this is the plan, this is the plan that we' re going to do. They would then sign it out of the drugs safe and you retrospectively write that. Is that another alternative that could have happened?
	R	I mean it's a possibility because there's always a lot of things going on and good nurses know it's all about anticipation really and in this situation, it' s something we'd be starting. So it may be that they'd got it out in anticipation, it would be unusual, but I suspect that I'd probably written

		this, because when it says time started, three-fifty. If it started at three-fifty, I wouldn't have written the prescription at three fifty, if that makes sense.
	4960	Yeah
	R	Now there is a possibility I guess that you know the nurses knew it was going to happen and they got it out ready, but they wouldn't have started it without it being prescribed. I'm just trying to…
	23982	There isn't an actual box for time of prescription is there?
	R	No, not on that chart there.
	23982	Which is a shame.
	R	No, on our new electronic prescribing system, you can see exactly.
	23982	Yeah
	R	Because it's time stamped.
	23982	It's time stamped.
11:46	R	But there isn't a time there, can I just go back to my clinical notes, which obviously I made retrospectively, because obviously I've sort of said that the, that there was a sudden deterioration at three-fifty, what I don't know is, was that concurrent with the morphine being started. Now that said, at that time of the deterioration, I don't know whether the morphine had just started or whether the morphine hadn't been put up. Looking at the record, it would suggest that the morphine had gone up around this time and it specifically says on there that it was started at three fifty. I do

	know and again you'd have to clarify with the nurses that usually if they were starting morphine there' d be two nurses putting it up. So, what I don't know is whether the morphine had gone up before Jo WILLIAMS left.
23982	Yeah, so if we, if we summarise that, there is an entry that they sign the drugs out at three-thirty.
R	Yeah
23982	It's normal practice, almost always that they don't do that without a prescription.
R	Not normally.
23982	You would need a prescription with a controlled drug.
R	So normally it wouldn't have been taken out before I'd written the prescription.
23982	No
R	It may be that they anticipated that morphine was going to be started and it was signed out in anticipation of me writing the prescription.
23982	Right
R	I would definitely.
23982	But the prescription is timed as the morphine having started at three-fifty.
R	Three-fifty.

13:09	23982	But there is no time on that document to say what time you wrote that document.
	R	No, no.
	23982	So, it's perfectly.
	R	And I honestly can't recall what time I specifically wrote that document, but it would been.
	23982	So, it's possible.
	R	Before three-fifty.
	23982	But in order, it is possible that you may have written prescription at 03:20.
	R	Absolutely, I could have written it a while before.
	23982	But it's also possible, that you wrote that prescription at three forty-seven.
	R	I think the latest it could possibly have been written, if it was down as started at three-fifty would have been surely before three-fifty and in that circumstance, the nurses would have probably taken it out in anticipation. I suspect, if they took it out at three-thirty, I probably wrote that prescription some time at three-thirty or before then, but the honest answer is I can't specifically remember the fact of when.
	23982	But the time of three-fifty on that document, the variable dose infusion administration chart, the time of three fifty. Although you have no memory, suggests that the morphine was started at three fifty.

	R	It would suggest that, yeah. I mean I, the other thing that I think is, sorry let me just pull it up again, I've got too many windows open here. I think there was a word document wasn't it, oh no so that was the one I was looking at here, so this is just looking at the treatment chart again. Sorry I'm just trying to find the, here we are. So I've put time started, three-fifty, now quite often, in fact usually once we've prescribed it, it wouldn't usually, it's not always the doctor that writes that time started in. so again, I can't remember the circumstances of it and what again, I'll be honest here, I can't remember whether I wrote that three-fifty at three fifty, or whether it was later on.
15:00		
	23982	Yeah
	R	I honestly don't know.
	23982	But that is your handwriting?
	R	But that's definitely my handwriting.
	4960	Just while we' re on there then, I know Darrens covered it, but we just need to confirm. Do you recognise any other handwriting on there?
	R	I don't recognise handwriting by whose handwriting it is.
	4960	Ok
	R	I obviously recognise the signature, the counter checking signature here, J. WILLIAMS because it quite clearly says J. WILLIAMS.

	4960	Yeah
	R	I don't recognise the signature above to be perfectly honest, I'm not sure that I can read it.
	4960	And above that where it says the doctor's signature.
	R	That's my signature and my printed name.
	4960	Ok
	R	So, everything else in that column, where it says first dose.
	4960	Yes
16:04	R	Apart from the nurse signatures, is my writing. The, as I mentioned, the demographic details are not my writing, the documentation of allergies and the weight are not my writing and the date next to my signature on the prescription at the top and the squiggle in the pharmacy check box are not my writing.
	4960	Ok
	23982	Ok, just one record, it's not on here, but I'll ask it anyway, you know morphine on a baby of Baby K size, and with the dosage that was given to her. How long would you expect that to take effect?
	R	We're giving it, we're giving it as an infusion, so we're not expecting a sudden big change, it's more to sort of build up the levels. The main if you like, undesirable effect, is the effect on respiratory drive, but this baby was ventilated so actually that wouldn't have made a difference to

		be honest. We'd probably have given morphine earlier if we'd had difficulties ventilating Baby K but as we've seen from the observation. She was needing for her gestation and size, not a massive amount of support and that amount of support hadn't been changing. If she'd been active, breathing against the ventilator, needing higher amounts of oxygen, we' d probably have given morphine earlier on and even considered muscle relaxation. So, in terms of effect, you'd expect to see an effect within minutes, if we started as an infusion, and again, I'm second guessing because it was a long time ago. If we really want a quick effect, we would usually give a bolus dose first backed up with an infusion. I can't see any record that we gave a bolus dose, extrapolating backwards.
	23982	This is all infusions.
	R	This would suggest that we were probably giving this more to give a background effect, than to actually help us with ventilating.
	23982	Right
	4960	And was, obviously you've described that as we know, morphine's a controlled drug and the very strict guidelines around the storage of it and use of it and signing it out. Once that is signed out, if that said it's been signed out at three-thirty, how long would you anticipate that that can be signed out before it's administered to the actual patient?
18:10		
	R	Well, it should be, it should be given as soon as possible. Now it takes time, the nurses have to get the syringes there, they have to get the lines, they have to prime the lines, they have to do everything with sort of sterile technique, double check it all but it shouldn't take very long. You know it should be a matter of minutes.
	4960	I was just going to say, so minutes?

	R	Depending on what else is going on, because obviously if there's other things they had to attend to and this wasn't an urgent, we need to get this in quickly kind of situation.
	4960	Yeah, so if signed out at three-thirty, you'd anticipate that would.
	R	Yeah
	4960	You couldn't just leave a controlled drug; I imagine just on the side.
	R	It wouldn't, it wouldn't be lying round, there'd have been people there, but I think three-thirty to three-fifty is not unusual.
	4960	Ok, yeah.
	23982	Anything else, no, we've covered everything.
	4960	No, I think, yeah, you've covered everything.
	23982	Anything else that you can think of in relation to the morphine administration?
	R	Not really related to the morphine administration, I mean I suppose the only, the only observation I would make is that around sort of swipe date times, because I think there was.
	23982	Oh yeah.
19:30	R	Because I think there was a slight discrepancy in timings, I think in one of my initial, more overarching statements. In terms of how long I perceived that Jo, nurse Jo WILLIAMS had been off the ward and when she came back by about thirty seconds or so and I think, I mean I think it

	was put to me that I'd seen swipe data and changed my statement. I hadn't, I think the initial statement was a more overarching thing and I was more specific in the second one. That was really not based on any particular evidence.
23982	Right
R	I'm just looking at the swipe data now, to look at the timings, it was, I suppose I have seen it now. So, it was this, where it says that Jo WILLIAMS left the unit at three forty-seven.
23982	Yeah
R	Now that says, so when, when again I suppose the only reason, I bring this up is if I've written on here.
23982	A lot of that says it's leaving.
4960	Yeah
R	Yeah
23982	That actually means coming back.
R	Oh, is that when she comes back?
23982	Yeah, we can't change the data.
R	Ah, ok.
23982	But we can change the interpretation of it.
R	So, she went out at three.

	23982	And we now, we know it's the other way around.
20:53	R	So again, I suppose the only question I have in my own mind, is in the, in my medical notes I'd written that collapse was at three fifty. It looks like Jo left the ward then at three eleven, I do know that the collapse was two, well within three minutes of that. So again, I suppose this is the trouble with retrospective documentation. It was probably earlier, so that collapse may well have happened before the morphine, now looking at the swipe data and again, I guess one of the difficult things, is in the middle of the night, you know putting times there. I'd written three-fifty, looking at this, I would say that that collapse was probably before three-fifty and in retrospect, I suspect then the sequence was we'd actually written up that morphine after dealing with the, dealing with the collapse and that.
	23982	So, the morphine could have been as a result of the collapse?
	R	So, I think once happened, once we'd resuscitated Baby K and got her stable again, we'd written up the morphine at three-thirty and Jo came back at three forty-seven and that would fit, if it was put up at three fifty, because it looks like Jo's signed for that morphine being started. Having said that, looking at the, looking at the, the controlled drugs book, it suggests that the morphine was signed out at three thirty. So, I'm just highlighting here to you, just so you can see three, it definitely says three, three-thirty.
	4960	Yeah
	R	It looks like it was signed out by Jo at three-thirty and counter-signed by somebody, but that looking at the swipe data, doesn't necessarily, doesn't really tally if Jo WILLIAMS had left the ward at three-eleven and if she' d come back at three forty-seven.

	4960	No, I don't know if that's right.
	R	I don't think she has, I've think she's come back, because if you look here again it says three-eleven, Jo's left maternity neonatal to labour ward but the next entry for Jo, is maternity neonatal labour ward again. The same direction at three forty-seven but I don't know whether, of course she may have come back in and someone else might have swiped her back in.
23:03		
	23982	There are different rooms.
	R	And you can come in the other way, you can follow someone in as well.
	4960	Yeah, yeah.
	R	So I can't think that Jo didn't draw them, sign out that morphine at three thirty, what that does suggest to me is probably an inaccuracy in my medical notes in terms of the timing of the collapse because I, what I know for absolutely certain was that collapse happened within at least three minutes, two and a half to three minutes of Jo WILLIAMS leaving the ward as stated in my previous statement the reason that I walked in was because of my discomfort knowing that Lucy LETBY had been left alone with Baby K and as I've noted before in my statements when I walked back in, the situation was, that she wasn't being ventilating correctly and it's documented by the actions that we took.
	23982	Yeah, and that remains the same.

	R	So that remains the same, so I think it's useful seeing this because although I'd said the collapse was at three-fifty, what I know for absolute certain is that, that collapse happened very shortly after Jo WILLAMS left and that would fit then with her coming back and being able to sign out the morphine. So, I think that morphine was started, once we'd resuscitated her, one of the other observations I'd make is I think in my original statement, I'd been under the impression that Baby K had already had morphine, which she hadn't. I think the fact that we hadn't started morphine at that point was a reflection of the fact that she wasn't really fighting the ventilator and she was stable and I think we've then started it afterwards, thinking well she's already had one collapse, we need to just sort of perhaps flatten her a little bit more because didn't really know at the time what had happened.
24:42	23982	So, to summarise that what you've just said, because you've latched onto the fact that Joanne comes back at three forty-seven.
	R	Yeah, well that's where the swipe.
	4960	I think, is that right that three-eleven.
	R	Well, the other thing.
	23982	I wouldn't worry about the three eleven.
	4960	No
	23982	The three eleven, I think there's a
	R	Well, it depends, let's have a look, so maybe it wasn't three. So, what, I'm just talking through the swipe data.
	4960	Yeah

	R	Which I'll be honest, I don't understand what I can see in terms of Jo's movements.
	23982	And it's unreliable as well.
	R	Yeah
	23982	Because
	R	It says three-eleven maternity neonatal to labour ward. It then says three forty-seven maternity neonatal to labour ward and then four twenty-three, so it, maternity neonatal to labour ward. So, it always one direction.
	4960	So, it's the opposite way round, it's the opposite way round then yeah.
	R	But it doesn't look like anyone ever comes back, if you look at this, so again.
	4960	Yeah
	R	Just another way of looking at this, is that actually what may have happened, and this would make more sense and would make my notes more accurate, is that we'd decided to give the morphine at three thirtyish or before.
25:45	4960	Yeah
	R	It was signed out by Jo and somebody else, it said start at three fifty, now it looks here that Jo has signed that she left at three forty-seven and returned at four twenty-three. now my recollection is obviously the collapse happened, two to three minutes after Jo WILLIAMS leaving Baby K to go to talk to the parents on labour ward with Lucy. Now whether that was at

	three-eleven or three forty-seven, it makes, it makes more sense at three forty-seven, because that would fit, the morphine had, you know she must have been on the ward to sign the morphine out at three thirty and then she obviously came back at four twenty-three according to this.
4960	No, she actually comes, because its the opposite way round.
R	Ah
4960	She's actually coming back in to the NNU from labour ward at three forty-seven.
23982	Yeah
4960	So that's her.
R	Oh, that's her coming back
4960	Yes
23982	Yeah
R	Ok
4960	That's her coming back.
23982	Whatever it says in that where.
R	Wherever she left.
23982	Do it the other way round.
4960	Yes

	R	Ok
26:45	23982	Yeah
	R	So, looking at this then, it says neonatal to labour ward, that's her coming back at three-eleven.
	23982	Yes, it is.
	R	And then
	23982	In fact
	4960	We haven't got it from the other way have we Darren?
	R	But it doesn't suggest her going out.
	23982	No, no Egress, the Egress isn't recorded because it was push button.
	R	Ah of course.
	23982	You only swipe on the way in.
	4960	Coming back.
	R	When you come back in.
	4960	Yes
	23982	Yeah

	R	Ok, so again if that's the case because Jo wasn't there at the time I walked in and found Baby K desaturating and her chest not moving.
	4960	Yes
	R	Just remind me, let me just, can I just have a look at the, go back to my notes.
	4960	That's why I wanted to clarify, when you were saying she was leaving at three eleven.
	R	Yeah
	4960	She wasn't, she was coming back.
	R	She was coming back at three-eleven.
27:42	4960	Everything there, is coming back, we've got no record of her going out.
	R	Yeah
	4960	Because like Darren said, it was a push button.
	R	Yeah
	4960	Yeah
	23982	So, she comes in.
	R	Yeah, no so I don't think that the collapse, ok well Baby K was born at two-twelve, and I don't think that episode happened within an hour of her being born.

	23982	No
	R	So, I think my, but then at.
	23982	But Joanne WILLIAMS.
	R	But three forty-seven he also came back in didn't she.
	4960	Yes
	R	Which suggests that this collapse was probably before three-fifty, but she was clearly on the ward at three-thirty because she must have been to have signed out.
	4960	Signed out the drugs.
	R	To sign out the drugs.
	4960	Yes
	23982	Yeah, I don't think any of that changes, you might be out by a few minutes.
	R	Yeah
	23982	With your three-fifty timing, but you've done, you've made that timing retrospectively, haven't you?
28:21	4960	Yeah
	R	Yeah
	4960	Several hours later.

R	Yeah, because I think I've documented in those notes that I've written those notes at.
23982	It's no secret that Jo WILLIAMS says that she comes in whilst everything's going on.
R	Yeah
23982	So, three forty-seven, so you might be a couple of minutes out.
R	Yeah
23982	With your three fifty.
R	Yeah so
23982	Yeah so, but what does interest, does that still make you think that it's possible that the morphine was given after the collapse, rather than before it, would you say that's still possible, knowing that she came back at three forty-seven.
R	I think that's a possibility, I don't know, I honestly don't know because it was signed out at three thirty, I would have written it before three thirty, it may have been started before three-fifty. If she came back at three forty-seven in the middle of all of this, I don't think, we wouldn't have re- we wouldn't have started the morphine until baby was stable. So it may be that the morphine had already been running is the honest answer. The other answer is.
23982	I think the answer is, we're never really, we're never going to know for sure are we.
R	No, we're not going to know for sure but what I would say is I don't, morphine or not, I don't

		think the episode that cause the collapse around this time was due to morphine and I don't really think it was due to the absence of morphine, if that makes sense. In the sense that she was a twenty-five-week gestation baby, she was being ventilated with not, a reasonable amount of ventilatory needs but not unexpected for her age and gestation and she'd been stable, she wasn't fighting against the ventilator and had she been, we'd have probably started morphine earlier.
29:43		
	4960	Just in laymen's terms, what's the purpose of that, give me that morphine infusion.
	R	Ok
	4960	What's the purpose for the baby?
	R	So, the purpose really, is sedation, it's, it's not very nice.
	4960	Ok
	R	Having a plastic tube put into your trachea and we give it really more for comfort, now there are times when we' re really struggling to ventilate if the baby' s very active, if we' re having to use higher pressures, the risks from ventilation of pneumothoraxes and things can be high. We'd want to give sedation, sometimes we even use muscle relax in medication.
	4960	Yes
	R	With Baby K we hadn't given them early, simply because she was, she was stable and she, there wasn't a clinical need urgently to do it. One could argue that it should have been given early as a matter of routine and I would, I could argue that case as well. I don't however believe that it was related to, to this episode and the other thing is that when she was reintubated, she

		went pretty much back onto the same ventilator settings that she'd been needing beforehand which would go against this being any kind of acute deterioration or acute evolution of the natural history of respiratory distress syndrome surfactant deficiency.
31:15	23982	But if you're saying that Baby K was stable, she was fine and if we think that the morphine was given prior to collapse, at three-thirty.
	R	Well, it would make it less likely that the tube was dislodged by Baby K being active if there'd been morphine on board at that time.
	23982	Right, but my question was going to be, if she was, if she was previously fine and stable.
	R	Yeah
	23982	What changed, that required morphine?
	R	I think.
	23982	Prior to collapse
	R	I think it was probably once, because she took a while to get stable, I think we're just probably looking at the bigger picture and doing all the things that we should have been doing so we prioritised things like getting her ventilation right, getting venous access, getting fluids, all the rest of it. I don't think, I don't recall that we started the morphine because there were concerns about her becoming more active or more distressed.
	23982	Right
	R	And again, it's very hard to access discomfort and pain in a premature baby, if we look at, if I

		can try and find her observation charts. The, any objective markers, that might have suggested this would have been sort of significant rise in heart rate, fighting against the ventilator and again, the observations are only recorded on an hourly basis. So, it's very hard to stop, but there were no obvious trends, nobody had flagged up sort of any particular sort of changes in sort of base line heart rate going up to suggest stress or anything.
	23982	So, the morphine may have been prescribed purely because.
	R	It was electively, because she was a ventilated baby.
32:51	23982	Yeah
	R	She was going to need ventilating; she was likely to be transferred out.
	23982	Right
	4960	Just to avoid her being in discomfort.
	23982	But it may not have been for any specific.
	R	No
	23982	Purpose
	R	No, I don't think it was a reactive prescription.
	23982	Right
	R	Because something had changed

23982	Ok, done?
4960	Yeah
23982	Yeah, yeah, I think we're done. So, we'll call it a day there, the time by my watch is ten fifty AM.