being held on Child A's face by Nurse Letby and I noted that he was apneic (not breathing effectively. Intermittent Positive Pressure Ventilation was started by myself via a NeoPuff (which aids the babies breathing) having taken over from Nurse Letby. Good chest movement was seen and the heart rate was over 100. Child A appeared pale with poor peripheral perfusion.

I recall that there was an unusual blotchy pattern of well perfused pink skin over the whole of Child A body coupled with patches of white and blue skin; it was all over his body. This discolouration remained for a number of minutes. This progressed into being pale and cyanosed (blue discolouration due to lack of oxygen) along with a drop in his heart rate and oxygen levels.

A crash call was made at 20:27 hours and according the case notes, Dr's Jayaram, Lambie, Hor and Chris Woods. Nursing staff present was Mel Taylor, Caroline Bennian and Lucy Letby, also noted was Nurse T ? who I now believe to be a Nurse T .

All drugs and timings were documented on the clinical notes by Dr Wood.

Saturations began to drop to 70-80% and so I intubated Child A at 20:27 on the first attempt with a side 3 ET tube, 7cm at the lips, visualized passing through the cords with colour change on capnography (shows carbon dioxide coming from the lungs on expiration). This confirmed that the ET tube was in the correct position in the wind pipe.

My concern at this point was that the most recent significant change to Child A care was the long line

insertion. There was no guidewire in situ to cause cardiac tamponade (a hole in the heart) but if the line had migrated, it could have potentially led to AV node stimulation and arrhythmia, however this was not evident on cardiac monitoring. I thought at this point the safest thing to do was to remove the long line to exclude the possibility of the above events occurring.

After removing the line, Child A continued to be apneic, and his heart rate dropped to around 60 beats per minute at 20:28.

Emergency drugs were used as per Neonate Life Support guidance. An initial 10ml/kg bolus of 0.9% Saline was given at 20:31 via the UVC. The first bolus of adrenaline was given at 20:33 with no effect.