

Name Julian Martin Brown
Email: brownjules@doctors.org.uk
Date of birth 30th December 1967
GMC registration number 3566446
Current Post (since 2003) Consultant Anaesthetist with an interest in Intensive Care Medicine,
Southmead Hospital, Bristol

Clinical Experience:

Anaesthesia: Twenty years experience as a consultant in Anaesthesia for General, Colorectal, Neurosurgery, Orthopaedic and Trauma surgery

Intensive Care Medicine: Twenty years experience as a consultant in Intensive Care (Neuro, Trauma, General and Burns)

Qualifications:

BSc Physiology (2:1)	1989
MB ChB	1992
MRCP(UK)	1995
FRCA	1998
Diploma of Intensive Care Medicine	2002
FICM	2012
Specialist Info Medical Expert course	
2018	

Additional posts:

Examiner for Fellowship of Faculty of Intensive Care Medicine 2012 to date

Positions of responsibility

Faculty of Intensive Care Medicine examiner
Intensive care lead for Infection Control
Intensive care representative on Sepsis Committee
Intensive care lead for Antibiotic Stewardship
Anaesthetic department lead for Complaints
Intensive care and anaesthetic department representative for clinical risk committee
Reviewer for Critical Care Medicine, Resuscitation, Neurocritical Care

Society Memberships

British Medical Association

Association of Anaesthetists
Royal College of Anaesthetists
Intensive Care Society
Society of Intensive Care of the West of England
Bristol Medico-Legal Society

Publications:

Brown JM*. Comparison of pain from insertion of venous cannulae: a volunteer study *Anaesthesia*. 1998; 53(5): 495

Brown JM. A review of diving medicine for anaesthetists. *Anaesthesia Points West* 1998 30(2)

Brown JM*, McCormick BA, Vella K, Rowan K. Use of albumin in intensive care units in the United Kingdom. *Critical Care and Resuscitation* 2001;3:19-22

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Brown JM Termination of ventricular tachycardia after methoxamine. *Critical Care and Resuscitation* 2001; 3: 259-261

Twigg S, Brown JM, Williams R. Swelling and cyanosis of the tongue associated with use of a laryngeal mask airway. *Anaesthesia and Intensive Care* 2000; 28(4): 449

McCormick BA, Brown JM, Davies R, Sanders DJ. Blood conservation (letter) *Anaesthesia*. 2001; 56(4): 377

Brown JM, Serisier DJ. Guide-wire induced trauma after percutaneous tracheostomy (letter) *Anaesthesia and Intensive Care* 2000; 28(6): 704

Brown JM. Risk of obstetric morbidity associated with caesarean section eBMJ 2001 bmj.com/cgi/eletters/322/7294/1089#14355

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Brown JM Chappell O Respiratory Systolic Variation Test to predict fluid responsiveness (letter) British Journal of Anaesthesia 2006 97(1):118

Kumar K, Wimbush S, Brown J Recurrent tracheostomy tube cuff damage following percutaneous tracheostomy (letter) Critical Care and Resuscitation 2005; 7: 258-259

English W, Brown J Anaphylactic and anaphylactoid reactions . Anaesthesia & Intensive Care Medicine , 2008; 8(9) 358 – 360

Smith R, Thomas, Brown J Raised Intra-cranial Pressure-Sodium Bicarbonate as an Alternative Hyperosmolar Treatment Journal of Neurosurgical Anesthesiology: 2008; 20(2): 158

Cook S, Brown J Perioperative fluid therapy. Anaesthesia & Intensive Care Medicine, Volume 10, Issue 12, December 2009, Pages 573-575

Bourdeaux C, Brown J Sodium bicarbonate lowers intracranial pressure after traumatic brain injury Neurocritical Care: Volume 13, Issue 1 (2010), Page 24

Taylor SJ, Manara AR, Brown JM Nasointestinal placement versus prokinetic use when treating delayed gastric emptying in ICU patients British Journal of Intensive Care Summer 2010

Taylor SJ, Manara AR, Brown JM Treating Delayed Gastric Emptying in Critical Illness: Metoclopramide, Erythromycin, and Bedside (Cortrak) Nasointestinal Tube Placement Journal of Parenteral and Enteral Nutrition May 2010 34(3): 289-294

JM. Brown CP. Bourdeaux Predicting neurological outcome in post cardiac arrest patients treated with hypothermia Resuscitation , June 2011 Volume 82, Issue 6 , Pages 653-654

JM. Brown CP. Bourdeaux Randomized controlled trial comparing the effect of 8.4% sodium bicarbonate and 5% sodium chloride on raised intracranial pressure after traumatic brain injury. Neurocritical Care 2011 Volume: 15, Issue: 1 pages 42-45

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Kerslake I, Brown J, Davies R Physiological morbidity associated with hip fracture Anaesthesia Volume 69, Issue 10, pages 1172–1173, October 2014

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Brown JM, Snell JM. Legal Liability in Sepsis Cases. *Journal of Patient Safety and Risk Management* 2018 23(5):201-205

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Brown J, Pope C. Personal protective equipment and possible routes of airborne spread during the COVID-19 pandemic. *Anaesthesia*. 2020 Aug;75(8):1116-1117

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Shrimpton, A.J., Brown, V., Vassallo, J., Nolan, J.P., Soar, J., Hamilton, F., Cook, T.M., Bzdek, B.R., Reid, J.P., Makepeace, C.H., Deutsch, J., Ascione, R., Brown, J.M., Bengler, J.R. and Pickering, A.E. (2023), A quantitative evaluation of aerosol generation during cardiopulmonary resuscitation. *Anaesthesia*. <https://doi.org/10.1111/anae.16162>

Medicolegal experience

I have been doing medicolegal work since 2008. I typically do a mix of claimant (40%), defendant (30%) and criminal / coronial (30%). I undertake 20-30 new cases per year and would expect 2-3 attended court cases per year. I aim to provide reports within 3 weeks of receiving the records and do not carry out face to face patient assessments as these are not relevant to my practice.