

Miss Emma Brown
Coroner's Court
Steelhouse Lane
Birmingham
B4 6BJ

8th April 2026

Dear Miss Brown.

RE: RCEM's response to the Regulation 28 report to prevent future deaths

Further to your Regulation 28 Report following the conclusion of your inquest into the death of Chloe Angela Ulett, the Royal College of Emergency Medicine (RCEM) would like to extend its sincere condolences to Chloe's family and friends.

Chloe tragically died of a previously undiagnosed urea cycle disorder unmasked by giving birth 18 days previously.

RCEM has reviewed the recommendations by the coroner and have concluded the following.

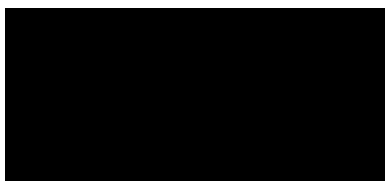
N-Acetylglutamate Synthase (NAGS) deficiency (which is what was listed in this case) is an ultra-rare autosomal recessive urea cycle disorder, estimated to affect fewer than 1 in 2,000,000 individuals worldwide and only 105 cases were reported in a 2023 study¹. Put together with other causes in adults of a rapidly increasing ammonia, these conditions are still incredibly rare. As such, we recognise the difficulty of maintaining clinician awareness of a condition they may never have encountered and may only have studied during professional examinations. Ammonia testing is inherently difficult to perform correctly, requiring a free-flowing sample, immediate cooling on ice, and analysis within 20 minutes; therefore, it cannot reasonably be considered a routine test, contrary to the suggestion in the coroner's report.

The RCEM guideline that is referred to in the report is about a specific state known as "Acute Behavioural Disturbance," characterised by severe agitation and overactivity of the sympathetic nervous system (e.g. sweating, fast heart rate, unnatural strength) which brings a risk of cardiovascular collapse. It is not a guideline covering all forms of acute behavioural disturbance, such as delirium - whether hyperactive or hypoactive. The nomenclature is confusing, and there was considerable debate about whether to use the term "ABD" in our guideline; however, it was ultimately adopted because it is widely used in emergency medicine and forensic literature, as well as by the police. As such, this guideline is not intended for use outside of emergency medicine nor for anything other than a true ABD as described on page 6 of our guideline².

Hyperammonaemia or other metabolic disturbances are very rare causes of true ABD; therefore, it is appropriate that they are included in the guideline and that a metabolic screen, including ammonia, is considered. We will amend our guidance with an addition to the box on page 7 that certain metabolic conditions rarely cause ABD. A metabolic disturbance such as hyperammonaemia is far more likely to present with drowsiness and confusion (as in this case); therefore, it would be more appropriate for consideration of metabolic disorders to be included in the NICE guideline on delirium.

RCEM will also include this case in its Safety Snippets publication, a regular roundup of brief alerts for national learning, which is distributed to ED Patient Safety Leads and due for release in summer 2026. It will highlight the rarity of the condition, the rapidity of its progression, and its unmasking by childbirth.

Yours sincerely,



RCEM Quality in Emergency Care Committee Co-Chair

References

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11586597/> (Accessed 23 March 2026)
2. https://rcem.ac.uk/wp-content/uploads/2025/05/Acute_Behavioural_Disturbance_in_Emergency_Departments_May2025_V3.pdf (Accessed 23 March 2026)