




**BMJ Masterclasses for GPs:
Cardiology & Diabetes**
14 MAY 2007, LONDON 29 JUN 2007, EDINBURGH



GET YOUR LATEST UPDATES HERE

Author Keyword(s)
 Vol Page
 [Advanced]

HOME HELP FEEDBACK SUBSCRIPTIONS ARCHIVE SEARCH TABLE OF CONTENTS

Emergency Medicine Journal 2001;18:131

© by BMJ Publishing Group Ltd, and British Association for Accident and Emergency Medicine

SIMS ARTICLE 1: INTERNET IN TRAY

Complaint

Information Letter from Quality Co-ordinator re complaint

Dear Dr. York,

Please find enclosed a letter of complaint regarding the management of a patient under your care. I would be grateful if you could investigate this matter and reply to me within two weeks. A copy has been sent Sister Oak to answer the nursing issues.

Yours sincerely,

Mrs. Penny . Quality co-ordinator.

Information letter from complainant

Dear Sir,

I wish to complain about the treatment of my daughter by your casualty department. She was 35 years old and suffered from learning problems. She was taken to your hospital after becoming unconscious and very unwell. She had to wait 2 hours. She was seen by a doctor who said he was not sure what was wrong but there was a possibility that the problem was an infection and meningitis was a possibility.

He said that he had discussed the case with his seniors and that he had given her antibiotics and that a brain scan was being arranged. I was told that she would be kept in hospital and so I went home to collect some clothes. I was stunned when I received a phone call to say that she would be coming home and that the problem was only a water infection. I asked if there had been a mix up as the doctor had told me that this was a possible meningitis case. However the nurse said she had been seen by the medical experts and it was all right for her to come home.

When she came home she was slightly better but still very hot and not herself. I looked after her that night. She was in a great deal of pain and shock. The next morning at home I could not wake her up. I phoned for my doctor who came straight away. He arranged an ambulance and she was admitted to hospital but died later that day. The death certificate gave a diagnosis of meningitis.

I cannot understand why she was sent home. Why did one doctor say the problem was meningitis but the expert said that it was a water infection. Did the fact that she had learning problems mean that she was not taken seriously? Why did the nurse insist on her coming home when I asked about the meningitis?

This Article

- ▶ [Full Text](#)
- ▶ [Submit a response](#)
- ▶ [Read responses to this article](#)

Services

- ▶ [Email this link to a friend](#)

Yours

Jane Green (mother of Janice Green.).

Information: Facts from AED record

35 year old female booked in at 16.15 brought by 999 ambulance. History of increasing drowsiness and feeling unwell. Fever. Triage assessment: unwell, drowsy but answers questions. Temp 38.5 C. Pulse 110. BP 120/70. Triage Category 3 in view of learning disability.

Seen by Senior House Officer (SHO) at 17.00. History from mother patient has learning problems. Unwell since this morning. Feels hot. Not eating, vomited once. Been drowsy. No previous similar problems. No specific complaints on pain. ? going to toilet more often than usual. Down's syndrome otherwise well. Lives with mother. Recently returned from holiday with local charity group.

Examination. Unwell, Hot. No nodes/clubbing/jaundice. ENT NAD Good colour. CVS. P 100 regular, BP 120/70, HS. Normal. Resp. Chest clear. Abdo - slightly tender lower abdo. No rebound/guarding. CNS. Drowsy but opens eyes to command. Obeys commands. Difficulty in understanding questions ?normal. Cranial nerves intact fundoscopy difficult. ? pain in neck on movement. PNS. Normal power/tone reflexes.

Impression 35 year old with pyrexia ?cause, drowsy, some lower abdominal pain.

Discussed with senior. Plan - I.V. access, bloods, antibiotics. Check urine. Refer to medicine for admission and ?CT scan.

Medical registrar. Hx as above. No focal complaints/signs. Well. Temp now 38 C. P100. Blood in urine. WBC 15. Probable UTI. Home. GP follow up.

Nursing notes. Phone call from mother. Says she was told this was meningitis so why is she coming home? Checked with medical registrar. Confirms UTI. Home, see GP if problems.

Information: staff interview

SHO: Remembers case very well. Discussed with senior who examined. Thought she had neck stiffness so refer to medics. Set up I.V., took bloods and referred to medical registrar. No further contact.

Staff nurse: Remembers incident well, checked with medical registrar who was quite clear the lady could go home.

Chief Executive

Information: Letter from chief executive

Dear Dr. York,

Welcome to the Trust. I hope that you are settling into your new post. I am sorry that I missed our appointment that had been arranged for your induction. I will ask my secretary to try and re-arrange this. You know that the Trust view the Casualty department as a very important part of the hospital and we look forward to your new ideas and enthusiasm in helping us solve some long standing problems. You may be aware that we have had a number of complaints about the waiting time, especially at weekends. One of these was from a prominent local figure. I would be grateful for a short paper on how this problem might be solved. The matter is urgent and if you could let me have your thoughts within 1 month I would be grateful.

Chief exec.

Recruitment /selection

Information: Letter from personnel re Senior House Officer (SHO) recruitment/selection

Dear Dr. York,

Mr. London has told me that you are now responsible for SHO recruitment. I enclose a copy of the job advert we used last time. We have never received a formal person specification from Mr. London. Could you please draft one for us?

Information: Existing advert for SHO

SHO – A&E St. Jude's hospital. 9-posts

Required for busy department seeing 65,000 patients per year. Apply to personnel dept on

Training: Specialist Registrar (SpR)

Information: Report of training committee

Dear Mr. London,

As you know the training committee visited the region recently and a copy of the report is enclosed. As you can see the visitors were concerned about some aspects the training in your department. I would be grateful if you could let me have a plan on how you are going to meet these concerns before the next visit.

Strengths – A busy DGH with good case mix. Very good nursing staff but too few at times, especially at weekends. Reasonable medical staffing but again very busy at weekends and the SpR is a "pair of hands". Good support from paediatrics and ITU. Good training is paediatrics from the consultant.

Weaknesses – Single handed consultant (two vacancies). Little supervision for general medical cases. No management training, audit or research activity. No computer for SpR. No office for SpR.

Recommendations

Provisional educational approval for 1 year. Re-visit by the training committee to ensure that weaknesses have been addressed. Chair of the regional committee to make contingency plans to place the trainees in other units if weaknesses not addressed.

Miscellaneous

Information: Pile of x-ray results (the A&E opinion on these had been "NAD")

- Ankle – small avulsion fracture talus
- Wrist – soft tissue swelling dorsum wrist
- Abdomen – small radio-opaque density left pelvis, probably phlebolith but could be ureteric stone
- Ankle – soft tissue swelling lateral malleolus
- Wrist – small torus fracure distal radius
- Elbow – anterior fat pad. No fracture seen
- Cervical spine – C7 /T1 not visualised. Abnormality spinous process. Soft tissue swelling
- Shoulder – calcification in the rotator cuff area
- Knee – probable bifid patella but could be a fracture
- Skull – hyperostosis frontalis intera
- Facial bones – bony swelling antrum, probable oteoid osteoma

eLetters:

Read all [eLetters](#)

Management article

Geoff Hughes

EMJ Online, 1 May 2001 [\[Full text\]](#)

This Article

- ▶ [Full Text](#)
- ▶ [Submit a response](#)
- ▶ [Read responses to this article](#)

Services

- ▶ [Email this link to a friend](#)

[Terms and conditions relating to subscriptions purchased online](#) | [Website terms and conditions](#) | [Privacy policy](#)
© 2007 BMJ Publishing Group Ltd, and British Association for Accident and Emergency Medicine