SPSO decision report



| Case: | 201102414, Forth Valley NHS Board |
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| Sector: | health |
| Subject: | clinical treatment / diagnosis |
| Outcome: | upheld, recommendations |

Summary

Mrs C complained that a doctor in a hospital's accident and emergency department did not order an x-ray despite her prior history of osteopenia (a condition affecting bone density). Mrs C said that the doctor had examined her and advised that nothing was broken but that there was some bruising to her ribs that was likely to last two months or so. She also said that the doctor had told her to take 500 milligrams of paracetamol four times a day for pain relief. Mrs C said that the doctor planned to do a rectal examination but she left before it was carried out. This was because of the time it was taking to arrange a chaperone, and because she was unable to get into the required position due to the level of pain she experienced.

As the pain had not improved, Mrs C visited her GP some two weeks later. An x-ray was arranged and showed a fracture to her spine. In their response to the complaint, the board advised Mrs C that it was not possible to make a judgement on whether it would have been appropriate for the doctor to have requested an x-ray, as she had left the department before the clinical assessment could be completed.

Following advice from our medical adviser, we concluded that, although Mrs C had left the department before the rectal examination was done, the doctor should have considered an x-ray based on the risk factors Mrs C presented with and her previous medical history. We also noted that most protocols suggest that, in women over fifty years of age, back pain caused by trauma requires x-ray investigation.

We also identified that the doctor had not documented the partial examination he had carried out on Mrs C, nor had he noted the plan to carry out a rectal examination. The doctor has said that he will learn from the incident and ensure that relevant information is recorded if a similar situation were to arise in future.

Recommendations

We recommended that the board:

- apologise to Mrs C for the failures identified; and
- review their accident and emergency guidelines for the management of patients presenting with thoracic back pain caused by trauma and non-trauma, to ensure appropriate x-ray investigation and pain management where relevant.