## **SPSO** decision report



Case: 201305188, Highland NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: upheld, recommendations

## **Summary**

Mr C complained that the board failed to provide him with adequate care and treatment following his admission to A&E at Raigmore Hospital with stroke symptoms. Mr C said that he was not given a thrombolysis injection ('clot buster' therapy which may reverse neurological deficit) and raised concerns about CT scans (scans that use a computer to produce an image of the body) and the prescription of perindopril (a blood pressure lowering agent).

We obtained independent medical advice from a consultant in emergency medicine (adviser 1) and a consultant in general and elderly medicine with a special interest in stroke medicine (adviser 2). Adviser 2 said that thrombolysis was not indicated at any point in Mr C's treatment and would not have been likely to result in Mr C having a better recovery. Had it been indicated, however, it was clear that by the time this was determined it would have been too late to safely administer it. Adviser 1 identified unreasonable delays in A&E and said it was not clear that the nurse who assessed Mr C recognised that his symptoms might be due to a stroke. The advisers found no evidence that the appropriate assessment tool was used when triaging Mr C (deciding where he should be treated based on his condition), and there was also an error in completing a checklist for stroke thrombolysis.

Delays in treatment resulted in an unreasonable delay in a CT scan being carried out. However, our advisers said there was no requirement for the board to carry out a second scan after what Mr C believed was a second stroke after he arrived at hospital. Adviser 2 said that a blood pressure lowering agent such as perindopril should have been prescribed for Mr C on discharge. The board acknowledged their failing in this area and took appropriate remedial action.

## Recommendations

We recommended that the board:

- feed back our decision on Mr C's complaint to the staff involved;
- review their care pathway for identification of patients with a suspected stroke and escalation of care in A&E at Raigmore Hospital to ensure patients with a suspected stroke are appropriately triaged and assessed in line with Scottish Intercollegiate Guidelines Network guidance; and
- provide Mr C with a written apology for the failings identified.