SPSO decision report

Case: **202310542, Tayside NHS Board**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained about the treatment provided to their partner (A) when they were admitted to hospital. A presented to the A&E after they woke up feeling generally unwell. A experienced weakness, lost vision, and pins and needles in their hands and feet. When assessed in the A&E, A gave a history of a three-day headache.

There was a delay in A being assessed in the A&E. Given A's symptoms, the consultant's working diagnosis was an atypical migraine. They considered the possibility of a stroke but concluded this was less likely based on A's presentation. A was then transferred to the Acute Medical Unit before quickly being transferred to the care of the Stroke Team. A Computerised Tomography (CT) brain scan was carried out and confirmed a stroke. A further CT scan the next day confirmed that A had suffered a second stroke.

C complained that there was an unreasonable failure by the A&E to diagnose that A had suffered a stroke. In addition to this, C complained that A was not provided appropriate treatment in the form of thrombolysis (medicine to get rid of blood clots in the brain) or thrombectomy (surgery to remove a blood clot or drain fluid from the brain).

We took independent advice from an emergency medicine consultant. We found that an atypical migraine was a reasonable working diagnosis. We found that reasonable consideration was given to the possibility of a stroke and A's history of diabetes was taken into account.

We considered that there was sufficient reason to arrange a CT scan to assist diagnosis while A was admitted to the A&E. This was due to C's symptoms and the diagnostic uncertainty. However, earlier imaging was unlikely to have made a material difference to the outcome. In addition to this, we noted that A had suffered a posterior circulation stroke, which is known to be challenging to identify.

We concluded that there was not an unreasonable failure to diagnose A's stroke because of the atypical features of A's presentation. In addition to this, A was appropriately transferred to the AMU for further investigation, which was promptly carried out. Given the above, we did not uphold this complaint. However, we provided the board with feedback that earlier CT imaging was warranted.

In respect of the treatment provided to A, we found that A would not have been eligible for either thrombolysis or thrombectomy. Overall, we considered the treatment provided to A in the A&E was reasonable. Therefore, we did not uphold this complaint.