Reducing avoidable harm in patients with physical deterioration

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The Deteriorating Patient: Avoiding Harm

Alison Phillips
“A smart man makes a mistake, learns from it, and never makes that mistake again.

But a wise man finds a smart man and learns from him how to avoid the mistake altogether. “

Roy H. Williams
All I Ask

What is my role in the treatment of this patient?

If this were my patient, what would I do differently?

Could this happen to a patient on my ward; in my department; in my hospital?

What can I do to stop this happening?

How can I support others?
Tuesday, 5th March

14.30  Collision
15.30  Airlifted
??    CT Scan
16.44  Obs
18.25  Surgical Review

Collision
- Suspected internal injuries
- Query fractured pelvis
- Blunt trauma / seatbelt

Airlifted
- Suspected internal injuries
- Query fractured pelvis
- Blunt trauma / seatbelt

CT Scan
- Some free fluid (physiological)
- No free air

Obs
- Abdominal pain - Agony
- Abdominal swelling
- Severe bruising to chest & abdomen
- Laceration to right knee
- BP = 80/35
- HR = 65-74

Surgical Review
- IV fluids
- 30min obs
- Morphine 7mg
Wednesday, 6th March

Admitted to SEU
- BP = 96/54.
- HR = 75
- Distressed by pain
- PCA

Ward Round
- Abdominal guarding & rigid
- Large bruises across lower and mid abdomen
- Pain team – PCA - morphine -2mg + pump

In agony

Registrar called:
No action taken

Urine output poor

Time unknown: F1 reviewed again due to pain
Time unknown: F1 – pain review, Snr review, laxatives

- Agony and swollen stomach - Catheterised as urinating is excruciating-
  Morphine not touching the pain - Unable to respond to texts due to pain.
• Pain worsening
• BP rising
• BP = 131/71
• HR = 138
• Vomiting
• X-ray requested by SN

12.00

• In agony
• Pain Team Review – Increase PCA
• Concerned about constipation so direction for glycerine suppository & enema (pre 16.35)
Thursday 7\textsuperscript{th} March

- **Reg Review** –
  - no action
  - not communicated to cons
  - Not recorded in notes
  - In nurse notes - not documented by registrar
  - Retrospective notes - NG tube inserted 1/2 drained and 1/2 pint drained

- **Jnr Review**
  - HR = 180
  - BP = 120/80
  - Only responding to voice
  - Buscopan side effects - Anaphylaxis?

- **Obs**
  - HR = 153
  - BP = 120/80

**Catheter keeps coming out due to pressure in my stomach**
**Vomiting and look pregnant**

“**Throwing up bile since you left, in so much pain xx**”
**Night Report:** Vomiting, NG - extreme pain - enema – HR 130-150
- Cold, clammy & flaccid - Only responding to voice
- SR review during night - not reported to cons / no report to cons on call / not recorded in notes

**Obs**
- HR = 153
- BP = 128/80

**Junior- Calls Senior**
- HR = 160
- BP = 96/64
- RR = 25
- Urine - 17mls/hr.
- No bowel sounds
- Muscle spasm/rigid
- Respiratory problems
- Lactate up
- Polycythaemia

**Consultant Review**
- HR = 155
- BP = 125/81
- Abdomen distended / rigid
- Fluid resuscitation
- Warming blankets
- Urgent CT
- ICU Called
To survive the night she needs the heart of a marathon runner
Tuesday, 12th March
- Pneumonia
- Severe global LV systolic impairment – LVEF 30-35%
- LA dilated
- Severe MR
- Acute septic cardiomyopathy

Wednesday, 13th March
- Troponin rise
- Episodes of profound bradycardia
- Asystolic

Friday, 15th March
- Delirium & ICU psychosis?
- Haloperidol

Monday, 11th March
- Surgery – jejunem + terminal ileum
- Closed

Thursday, 14th March
- Asystolic - requiring chest compressions
- Troponin rises - ECG changes – NSTEMI
- External pacemaker and amiodarone on standby
- Treated for ACS

Sat 9th March

Sun 10th March

Mon 11th March

Tues 12th March

Weds 13th March

Thurs 14th March

Fri 15th March

Happy Birthday
35th birthday

Mother’s Day

Mother’s Day

Mother’s Day

Happy Birthday
35th birthday
IT'S SO LONELY WHEN YOU DON'T EVEN KNOW YOURSELF ANYMORE.
Why?

Accept the unacceptable?

No
7 C’s of Safety

- Competence
- Capacity
- Culture
- Communication
- Continuity
- Candour
- Compassion
My Asks

TAKE ACTION
Rapid Response Teams

NEWS2
Clinical knowledge
WHY?
‘Soft’ signs
Concern
LEADERSHIP IS TAKING RESPONSIBILITY WHILE OTHERS ARE MAKING EXCUSES. JOHN MAXWELL
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Roy H. Williams
THANK YOU

The ICU Consultants, Nurses & Registrars
There are no words
You saved me and cared for my parents.

The surgeons who operated

My amazing nurses who cared for me and got me through each day /night.
Monika, Alice, Sam, Sara, Carolyn and Rebecca,

The FY1 who talked to ‘ME’ the person not the patient
Natalie Pattison – who stopped me falling through the gaps

Royal Berkshire ICU Rehabilitation & Trauma Centre -
Dr Carl Waldman, Sara Evans, Melanie Gager, Gemma & Martha
Reading ICU Support Group

Ambulance Service, Air Ambulance & Fire & Rescue

Carol Bishop – for giving me a voice

ISSRS – driving improvements

Mum, Dad, my brother, sister-in law, my nieces,
my dearest friends & family
(I love you; always & forever)