

**Case:** 201101996, Highland NHS Board  
**Sector:** health  
**Subject:** clinical treatment;diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Following advice from NHS 24, Ms C attended a hospital out-of-hours (OOH) service complaining of a two-day history of nausea, pain, itching and an area of what she thought to be shingles on her torso. She also had a small 'protrusion' in the area of discolouration. Ms C asked the OOH doctor if this could be a tick. The doctor removed the object and told Ms C that she thought it was merely a scab. After noting all Ms C's symptoms and her past history of shingles attacks, the doctor made a provisional diagnosis of shingles. Ms C was prescribed anti-viral drugs and advised to 'seek further medical assistance' if her symptoms continued. Ms C's symptoms did continue, and worsened, and she attended her GP five times during the following weeks before being diagnosed with Lyme Disease and given antibiotics. Her recovery is slow and on-going.

Ms C complained that the OOH doctor should have examined the object removed from her skin either with a magnifying glass or under a microscope to establish whether or not it was a tick. She also complained that the doctor failed to diagnose Lyme Disease. Our professional adviser said that Lyme Disease is very difficult to diagnose and that the examination and provisional diagnosis made by the OOH doctor was reasonable. They said that it was also reasonable to tell Ms C to seek further advice if her symptoms continued and noted that she had done so, but that she had gone to her own GP, and not the OOH service. It was, therefore, not reasonable to lay the delayed diagnosis at the door of the OOH service. The adviser also said that further examination of the object removed from Ms C's skin would not have helped achieve an earlier diagnosis of Lyme Disease. This is because although ticks can carry and transmit this, a bite from a tick would not automatically mean that the disease had been contracted.