

## SPSO decision report

**Case:** 201600176, Fife NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, recommendations

### Summary

Mr C complained about the care provided to his mother (Mrs A) at Victoria Hospital. Mrs A had recently had a heart attack and had received treatment for this from another health board. Less than two weeks later, Mrs A attended the A&E department at Victoria Hospital and was assessed by a consultant cardiologist. The cardiologist suspected that Mrs A had aortic valve disease (the narrowing of the main valve through which blood is pumped out of the heart to the rest of the body), and decided to withdraw one of the medications Mrs A had previously been prescribed and introduce a beta-blocker (a medication used to treat various conditions including those of the heart). After a period of monitoring took place following the first dose of the beta-blocker, it was decided that Mrs A could be discharged. However, at the point of discharge, Mrs A collapsed and required assistance. Mrs A was readmitted overnight and, after further monitoring took place, she was reviewed by the cardiologist the following day. The cardiologist decided that Mrs A should remain on the beta-blocker and prescribed a further medication used to lower blood pressure, before discharging Mrs A later that day.

Following discharge, Mrs A's condition deteriorated. Mr C then arranged a cardiology review appointment with Mrs A's local health board. At this appointment, a different consultant cardiologist changed the beta-blocker medication to a different medication. Mr C noted that Mrs A's condition quickly improved as a result. Mr C complained to the board that it was inappropriate that Mrs A had been given the beta-blocker medication and felt it had caused the deterioration in her condition. We took independent advice from a consultant cardiologist. The adviser said that the beta-blocker was one of the recommended medications for patients who have had a heart attack, and said it was reasonable that it was given to Mrs A. The adviser was unable to conclude that the medication had affected Mrs A adversely, but, in any case, said that an adverse reaction to the medication could not have been reasonably foreseen. We did not uphold this complaint.

Mr C also raised concerns that the beta-blocker medication given to Mrs A was not re-evaluated prior to discharge, and said that he was not informed of the potential side effects of this medication. The adviser reviewed the records, and found evidence that staff had appropriately monitored Mrs A's blood pressure and heart rate in the period between Mrs A's re-admission and her discharge the following day. The adviser noted that there was no evidence that Mrs A was not fit for discharge, and concluded that the decision to discharge was reasonable. However, based on the records available, the adviser was not able to determine whether the potential side effects of the beta-blocker, together with the benefits and risks of any alternatives, had been discussed with Mrs A. The adviser said that this was a discussion that should have been documented, and was critical of this omission. While we did not uphold this complaint, we made a recommendation to address the issue highlighted by the adviser.

### Recommendations

We recommended that the board:

- feed back the adviser's comments to the cardiologist who assessed Mrs A to ensure that potential side effects of medications and the benefits/risks of alternatives are appropriately discussed and documented.