

SPSO decision report

Case: 201602152, Ayrshire and Arran NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: upheld, recommendations

Summary

Mrs C complained on behalf of her son (Mr A). Mr A was admitted to A&E at University Hospital Crosshouse with a three-day history of stomach cramps, diarrhoea and vomiting. It was suspected that he had gastroenteritis and after his symptoms settled he was to be discharged. However, Mrs C said she spoke with the consultant gastroenterologist responsible for Mr A's care and told them that this had been an ongoing problem. Mr A was kept in hospital for a further six days and then discharged with plans to follow up. Prior to the follow-up, Mr A was admitted to hospital as an emergency and diagnosed with Crohn's disease (a long-term condition that causes inflammation of the lining of the digestive system). Mrs C complained that during his initial admission, Mr A was not given appropriate care and treatment.

We took independent advice from a consultant in gastroenterology. We found that on Mr A's admission to hospital, a clear history was documented in the emergency department notes of several weeks of recurrent episodes of abdominal pain associated with significant and unintentional weight loss. This history was later repeated by Mrs C. We found that in the circumstances, this should have raised suspicion of a diagnosis other than that of food poisoning, such as Crohn's disease. The adviser said they would have expected a scan of the abdomen or of the small bowel to have been undertaken during the admission or shortly afterwards. Had this happened, Mr A would have been diagnosed sooner. We therefore upheld Mrs C's complaint.

Recommendations

We recommended that the board:

- apologise to Mr A for the failures identified during this investigation;
- ensure that the consultant gastroenterologist concerned with Mr A's care during this admission is made aware of the results of this investigation and that this case is discussed at their next formal appraisal;
- satisfy themselves that the consultant gastroenterologist is made aware of the guidance relevant to this case; and
- ensure that information about Crohn's disease is readily available to patients on diagnosis.