SPSO decision report

Case: **201706972, Greater Glasgow and Clyde NHS Board - Acute Services Division**
Sector: health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

Mr C has a chronic abdominal condition and regularly requires hospital treatment for severe pain and sickness. He was taken by ambulance to Glasgow Royal Infirmary (GRI), suffering from these symptoms. He told us that he advised the doctor treating him that he was ordinarily treated with a morphine drip. Instead, he was given oral pain relief, although he said he was vomiting repeatedly. After becoming frustrated with staff he was asked to leave under police escort, and required medical treatment at another hospital later that day. He complained that he was not given adequate pain relief or treatment at GRI.

We took independent advice from an adviser who specialises in acute and general medicine. We found that it was not apparent from the records whether an adequate assessment of Mr C's pain had been carried out. We also noted no documentation of the events causing him to be asked to leave/escorted out, which we considered unreasonable. The adviser could see no definite cause for concern about the proposed treatment plan from GRI, but they noted that Mr C had chronic abdominal pain and that the pattern of his admissions made it likely that he would require admission for pain relief and that oral pain relief would be unlikely to manage his pain sufficiently.

We considered that, if Mr C had been aggressive and abusive to staff, it was reasonable to ask him to leave. We found that if he was tolerating oral pain relief and his pain had improved, then it was also appropriate that he was discharged. However, we found that it was not reasonable that none of this was documented. If Mr C's pain was not controlled on oral medication, other routes or forms of pain relief should have been tried prior to discharge, assuming that staff were not placed in danger when attempting this. Without an adequate assessment of his pain having been recorded, we were not able to say with any certainty that his treatment was reasonable, or whether further steps to control his pain should have been taken at that time.

On balance, we upheld Mr C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise for the lack of evidence of an adequate assessment of Mr C's pain, and for not adequately recording the circumstances surrounding them asking him to leave. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/leaflets-and-guidance.
- Given Mr C's condition is chronic, the board should put in place a care plan for him. This should cover pain control (what to try, what route to administer), likelihood of requiring admission, which team to admit under, risk of self-discharge, risk of violence and aggression, and how to manage any behaviour perceived as violent or aggressive.

What we said should change to put things right in future:

- Staff should be familiar with Royal College of Emergency Medicine Best Practice Guideline 'Management

of Pain in Adults' December 2014. They should clearly document their assessment of patients' pain.
- There should be clear guidelines in place for pain management. Junior doctors should be trained in pain management.
- All relevant staff should be trained in dealing with violence and aggression and understand the importance of documentation in these situations.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.