SPSO decision report

Case: **202101272, Fife NHS Board**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained about the care and treatment their adult child (A) received from the board. A had a complex medical history including a diagnosis of Complex Regional Pain Syndrome (CRPS, a rare condition where persistent and severe pain occurs following an injury). A attended A&E complaining of an elevated heart rate and fatigue. A working diagnosis of sinus tachycardia (a faster than usual heart rhythm) secondary to medication was made. A was discharged home with no further treatment. A couple of months later, A was admitted to A&E following a collapse, racing heart and swelling of their hands and feet. A was admitted to hospital where their condition deteriorated overnight. A's condition continued to deteriorate and they were transferred to the Medical High Dependency Unit (HDU) and the Intensive Care Unit (ICU). Ultimately, it was decided that A should be transferred to a hospital in another health board area where cardiology and advanced cardiac (heart) support would be available. A's condition did not improve and they died a few days later.

C raised a number of complaints with the board regarding the care and treatment A received. The board investigated C's concerns and undertook a Significant Adverse Event Review (SAER). However, C remained dissatisfied with some aspects of A's care.

We took independent advice from an appropriately qualified adviser. We found that when A initially presented at A&E, the clinical staff were aware of their history of CRPS and existing medications, that a full examination was carried out along with blood tests which were normal and that there was no obvious reason to admit A to hospital at that time. We found that the treatment A received during this admission was reasonable and appropriate and that onward referral was unlikely to have changed the outcome for A.

In relation to their second attendance, we noted that A was acutely unwell. We found that appropriate investigations were carried out in a timely manner and that, as A's condition deteriorated, their care was appropriately escalated through the HDU and ICU to transfer to another hospital where specialist equipment was available. We found that where the board had identified areas for improvement in their review of matters, the action they had taken was appropriate. We considered that the board provided A with appropriate treatment and investigations in response to their presenting symptoms and that they escalated A's care appropriately in recognition of the seriousness of their deteriorating condition.

We did not uphold C's complaints.