

Scottish Parliament Region: Central Scotland

Case 200600940: Lanarkshire NHS Board

Summary of Investigation

Category

Health: Hospital

Overview

The complainant (Mrs C) raised concerns about the nursing care which her daughter (Miss C) received at Monklands Hospital (the Hospital) on 12 October 2005 and 13 October 2005 following an admission for a minor operation. Miss C is an insulin dependent diabetic and requires to eat meals on a regular basis. Mrs C felt the staff failed to monitor Miss C's diabetic condition.

Specific complaint and conclusion

The complaint which has been investigated is that between 12 October 2005 and 13 October 2005 nursing staff failed to adequately monitor Miss C's diabetic condition (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 26 June 2006 the Ombudsman received a complaint from Mrs C, via her MSP, about the nursing care which her daughter (Miss C) received at Monklands Hospital (the Hospital) on 12 October 2005 and 13 October 2005 following an admission for a minor operation. Mrs C complained to Lanarkshire NHS Board (the Board) but remained dissatisfied and subsequently her complaint was brought to the Ombudsman.

2. The complaint from Mrs C which I have investigated is that between 12 October 2005 and 13 October 2005 nursing staff failed to adequately monitor Miss C's diabetic condition.

Investigation

3. In writing this report I have had access to Miss C's clinical records and the complaints correspondence from the Board. I made a written enquiry of the Board. I obtained advice from the Ombudsman's professional nursing adviser (the Adviser) regarding the clinical aspects of the complaint.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained at Annex 1. Mrs C and the Board were given an opportunity to comment on a draft of this report.

Complaint: Between 12 October 2005 and 13 October 2005 nursing staff failed to adequately monitor Miss C's diabetic condition

5. Mrs C complained to the Board that Miss C (aged 26 years) had been admitted to the Hospital on 12 October 2005 so that her diabetes could be monitored and she would be put on a sliding scale insulin drip to maintain her blood sugar levels¹ as she had to fast from midnight. Mrs C said she telephoned the ward twice that day to remind staff to monitor Miss C's blood sugar levels as it appeared this was not being done. Apart from a light supper and a snack which Miss C took in herself, Mrs C believed staff did not check

¹ Blood sugar levels are the amount of glucose (sugar) in the blood. It is expressed in millimols per litre (mmol). Normal levels are between 4 and 8 mmols. In patients with diabetes the level moves outwith these limits. If left untreated then the patient can lose consciousness. Insulin is the normal medication taken to control blood sugar levels.

Miss C that day. Mrs C said that night a staff nurse told Miss C that she would be put on an insulin drip for her diabetes on the morning of the operation. Following the operation on 13 October 2005, Mrs C telephoned the ward and was told Miss C had been put on the insulin drip and her sugar levels were fine. Mrs C visited Miss C at 18:30 where she found that Miss C was drowsy; staff had allowed her to sleep all day; and they had not put her on an insulin drip. Mrs C had concerns that following the operation staff did not monitor Miss C's diabetes especially when she was affected by the anaesthetic. Mrs C also disputed the entries in Miss C's diabetic chart which showed that her blood sugar level was 7.9 mmols on discharge when it was really 10.9 mmols. In addition the entry was timed at 19:40 which was incorrect as Miss C had been discharged at 18:45. Mrs C was angry because Miss C normally controls her blood sugar levels quite well yet while she was a patient and under the care of staff she missed three injections and staff did not ask her about her insulin.

6. The Hospital's General Manager (the Manager) responded to Mrs C after seeking comments from the ward charge nurse, the consultant surgeon and the consultant anaesthetist (the Anaesthetist). She explained that the ward staff regularly care for patients with diabetes and there was no requirement for them to monitor Miss C's blood sugar levels the day prior to surgery as she had to fast from midnight. On the morning of 13 October 2005 nursing staff checked Miss C's blood sugar levels (16.8mmols) and informed the Anaesthetist of the result. The Anaesthetist explained that she would not routinely commence any additional blood sugar monitoring the night before surgery in order that the patient's usual insulin therapy is not altered. Miss C's blood sugar readings were taken prior to going to theatre and during the operation. It is believed that patients who undergo minor surgery should resume normal diet as soon as possible after surgery and continue their normal insulin regime. The Anaesthetist had said there were safety issues around continuous insulin infusion therapy which requires intensive and regular monitoring which could be difficult in a busy ward. However, the Anaesthetist does commence her patients on intravenous saline infusions (salty solution administered through a vein) to prevent dehydration.

7. The Manager continued that during recovery, Miss C was pain free and drowsy but easy to rouse and staff were informed she could resume her insulin therapy on return to the ward. The saline infusion was maintained by the nursing staff. The Anaesthetist saw Miss C at about 17:30 and advised her to eat some food and take her insulin and afterwards the saline infusion was taken

down. The Manager said that Miss C's blood sugar levels were monitored frequently and a reading of 7.9 mmols was recorded prior to discharge.

8. In response to my enquiry the Board's Director of Acute Services (the Director) told me that it was acknowledged that there was a prolonged period between Miss C returning to the ward and receiving her evening meal. However, her blood sugar levels were checked three times before the meal and once prior to discharge and the results did not indicate any cause for concern that would require medical intervention.

9. I reviewed Miss C's records and noted the following diabetic chart entries dated 13 October 2005 '17.1 mmols before breakfast, 14.6 mmols before lunch, 13.9 mmols at 14:00 and 7.9 mmols at 19:40'. There is also an entry in the nursing records 'BM pre-supper 10.9'.

10. The Adviser said that the recorded blood sugar results did not indicate that medical intervention was required. However, as the Anaesthetist had instructed that Miss C should resume a normal diet as soon as possible she would have expected a decision by nursing staff on when to encourage Miss C to attempt to eat. The Adviser felt the explanations regarding the commencement of a saline infusion to avoid dehydration was appropriate and that there would be no reason to interfere with Miss C's normal insulin therapy.

Conclusion

11. Mrs C had major concerns about the way nursing staff monitored Miss C's blood sugar levels prior to and following the minor surgery. The advice which I have received and accept is that the nursing staff carried out the monitoring in an appropriate manner. The Adviser has explained that the results which were recorded would not indicate that medical intervention was required, therefore, I am satisfied that Miss C was treated correctly in this regard. I do, however, share the Adviser's concerns that it is not recorded when nursing staff would have sought to encourage Miss C to attempt to eat and this is an issue which I would like the Board to reflect on and consider if there are lessons to be learned for the future. (Note: The Board have informed me that a new Diabetic Recording and Administration Chart contains a section for recording dietary intake. In education sessions which supported the implementation of the chart, this section was highlighted, recognising that dietary intake, glucose monitoring and insulin administration all form part of one process).

12. I have no concerns about the failure to set up an insulin infusion drip as the explanation concerning the saline infusion is appropriate. There may have been confusion between Mrs C and the nursing staff about what kind of drip was being put up and after consideration, I do not believe it would be possible to resolve this matter after such a period of time. Similarly although Mrs C disputes some of the entries and timings in the diabetic chart, it is possible that a member of staff entered the timing of the final reading when she was completing the form later that night rather than at the actual time the reading was taken. However, as stated above it is not possible in the circumstances to reach a firm conclusion on this aspect. In all the circumstances I have decided not to uphold the complaint.

Recommendation

13. The Ombudsman has no recommendations to make.

23 May 2007

Explanation of abbreviations used

Mrs C	The complainant
Miss C	Mrs C's daughter
The Hospital	Monklands Hospital
The Board	Lanarkshire NHS Board
The Adviser	The Ombudsman's professional nursing adviser
The Manager	The Hospital's General Manager
The Anaesthetist	The Consultant Anaesthetist who was present prior to and following Miss C's operation
The Director	The Board's Director of Acute Services