Scottish Parliament Region: Glasgow

Case 201002536: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Out-of-hours service

Overview

The complainant (Mrs C) raised concerns about the care and treatment provided by a general practitioner from the out-of-hours service (the GP) to her husband (Mr C) on 2 August 2010. She complained that the GP failed to diagnose Mr C with ischaemic heart disease and admit him to hospital. Mr C died of a heart attack several hours after the GP's visit.

Specific complaint and conclusion

The complaint which has been investigated is that Greater Glasgow and Clyde NHS Board (the Board) failed to provide reasonable care and treatment to Mr C on 2 August 2010 (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Board:	*Completion date*
(i) ensure that the failings identified in this report are raised with the GP during his next appraisal, to ensure that lessons have been learned from this case; and	20 August 2011
(ii) apologise to Mrs C for the failures identified in this report.	20 August 2011

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mrs C phoned NHS 24 on behalf of her husband in the early hours of 2 August 2010. Mr C complained of a number of symptoms including tightness in his throat, tingling in his arms, pain in his back, dizziness, breathlessness and nausea. NHS 24 arranged for a GP (the GP) to visit Mr C at his home. The GP diagnosed a viral infection and treated Mr C for labyrynthitis. Mr C subsequently died in his bed of a heart attack a few hours later.

2. Mrs C complained that the GP focused on the dizziness and ignored the other symptoms and that he should have suspected ischaemic heart disease and referred her husband to hospital. Mrs C said that had her husband been referred to hospital by the GP, it would have significantly increased his chances of surviving.

3. Mrs C complained to Greater Glasgow and Clyde NHS Board (the Board) on 9 August 2010. The Board responded on 31 August 2010 and Mrs C met the Board to discuss her complaint on 10 September 2010. Mrs C remained unhappy and brought her complaint to my office on 24 September 2010.

4. The complaint from Mrs C which I have investigated is that the Board failed to provide reasonable care and treatment to Mr C on 2 August 2010.

Investigation

5. During the course of the investigation into this complaint, my complaints reviewer obtained and examined Mr C's clinical records and the complaint correspondence from the Board. She obtained advice from one of my professional advisers, a general practitioner (the Adviser), and interviewed Mrs C by telephone. My complaints reviewer also listened to the recording of the telephone call Mrs C made to NHS 24. A copy of the transcript of the call is at Annex 3.

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board were given an opportunity to comment on a draft of this report.

Complaint: The Board failed to provide reasonable care and treatment to Mr C on 2 August 2010

7. A house visit for Mr C was requested by NHS 24 just before 01:00 on 2 August 2010. The GP was provided with the NHS 24 triage details prior to his visit. The NHS 24 fax report stated:

> 'Breathing difficulties, pale, tightening in throat for 3 hours and pain going down both arms, nausea. P+ had these episodes for last 1.5 weeks. Tonight lasting longer. No chest pain at time of call able to speak in sentences. H/O MS. GP home visit 1 hrs.'

Mrs C's statement

8. Mrs C said that she was present throughout the whole examination of Mr C by the GP on 2 August 2010. Mr C had told the GP that his symptoms were not as evident as they had been, but that he was still having sensations up and down his arms. He said that he had been having the symptoms for a few days and at midnight things had got very bad, which had prompted the phone call to NHS 24. (Mrs C said that he looked like he was really suffering when she called NHS 24.) He told the GP that his own doctor had taken blood tests but had been mystified. The GP examined Mr C: he looked at his eyes and ears; he took Mr C's blood pressure and listened to his chest; and asked if he was a smoker, which Mr C confirmed he was. Mr C described his symptoms to the GP as feeling sick, dizzy, strange sensation in arms, a tightening of the throat and pain in his upper back. Mrs C remembered Mr C describing the tightening of his throat clearly because Mr C put his own hands round his throat to demonstrate. The GP said that he did not think it was Mr C's heart, but labyrinthitis. He gave Mr C an injection, a prescription and some pills for labyrinthitis. Mr C was relieved and went to the back door to have a cigarette. He died a few hours later in his bed of a heart attack. Mrs C said that she accepted that even if he had been referred to hospital, he may still have died but she considered that it would have improved his chances if he had been admitted to hospital by the GP.

Board's response

9. In the GP's account, he said he was deeply saddened by Mrs C's loss and expressed his sincere condolences. He said that since he had learned of the deeply distressing news of Mr C's death, he had carefully reflected on his consultation with Mr C. The GP said on his arrival, Mr C appeared in no obvious distress and had no overt breathing difficulties. Mr C described his symptoms as intermittent breathlessness, nausea, vertigo, throat feeling tight

and tingling in his arms for the past ten days and diarrhoea since the day before. The GP said that they had discussed Mr C's long-term condition (he suffered from multiple sclerosis), the fact that he was a non-smoker (it has been confirmed by Mrs C that Mr C was in fact a smoker) and had no history of heart or lung disease. He then examined Mr C's vital signs, all of which were normal. He suggested the possibility of a viral infection and prescribed an injection and tablets to ease some of his symptoms. On his departure, the GP told Mr and Mrs C to contact the out-of-hours service or the surgery if the symptoms worsened. Reflecting on the consultation, the GP said he did not refer Mr C to hospital because he was falsely reassured by the normal vital signs and absence of typical chest pain, pallor and sweating to suggest a heart problem. The GP said Mr C's tragic death was a major significant event; it was something he took most seriously and would be a big learning point in his career.

10. The Board responded formally to Mrs C's complaint on 31 August 2010. The Board said that having looked at the evidence, they were in no doubt that the GP had attended Mr C in good time, took a full history, carried out an appropriate clinical examination and formulated a management plan based on his carefully considered clinical assessment. Mr C had presented with symptoms which only with the benefit of hindsight were indicative of a cardiac problem. The Board said that having discussed the matter with the GP, they were certain he took his time and used his skill and history taking to try to determine whether Mr C's symptoms were serious and life-threatening. The GP's clinical impression was that Mr C was well and did not have any serious underlying condition, which was reinforced by his examination. The Board said that had the GP suspected cardiac pain, he would have admitted Mr C immediately to hospital and had he done so, the outcome may have been different. Despite the GP's best efforts, he did not predict such a tragic outcome. The Board apologised that the GP was unable to make a diagnosis that would have led to Mr C's immediate admission to hospital.

11. The Board wrote to my complaints reviewer on 29 November 2010. The Board said that the GP's clinical challenge in assessing Mr C's symptoms was not easy and that Mr C's own GP had already assessed identical presenting symptoms and had been 'puzzled' by them. Having considered the recording of Mr C's telephone call to NHS 24, the Board said it was significant that the NHS 24 nurse adviser considered the possibility of ischaemic pain, but was not convinced that this was the case. Three clinicians, therefore, had an opportunity to listen to Mr C's presenting symptoms and none of them came to

the conclusion that they were of ischaemic cardiac pain. The Board said it was almost certain that Mr C's presenting symptoms were significantly atypical. An out-of-hours doctor sees a patient for the first time with no previous knowledge of the patient. In taking a past medical history, they will place importance on the fact that the patient's own GP had input and will also take account of the available NHS 24 triage. The Board said that with the wisdom of hindsight, ischaemic cardiac pain of atypical presentation seemed highly likely. The Board said the GP had visited in good time, taken a history, performed a relevant examination and safety netted by asking Mr and Mrs C to call back if Mr C's symptoms reoccurred. The GP did not admit Mr C to hospital because he did not suspect an underlying condition requiring immediate hospital care. The Board said a visiting GP has a duty to avoid sending all patients to hospital and to use their clinical acumen to determine the likelihood of serious illness. The GP had performed a significant event analysis on this case, discussed it with the clinical director of the out-of-hours service, and will discuss it at his next appraisal.

Advice received

12. My complaints reviewer asked the Adviser to assess whether the GP's diagnosis of a possible viral infection was reasonable, taking into account the telephone call Mrs C made to NHS 24. The Adviser said that vertigo was a sensation of spinning or movement and was often associated with nausea or vomiting or both. It was not normally considered a symptom of ischaemic heart disease (the cause of heart attacks). A heart attack typically presents with crashing tight central chest pain, sometimes associated with pain or tingling or both in the patient's arms. The patient is often sick and looks pale and sweaty. Examination reveals low blood pressure under a weak thready pulse. Unfortunately, heart attacks can present in many other ways; sometimes the patient has no symptoms or signs and the diagnosis is only made at a later date when an electrocardiogram is done. Other patients will have various complaints including just one or two of the classic symptoms. This can make a heart attack very difficult to diagnose in some patients.

13. Having listened to the telephone call Mrs C made to NHS 24, the Adviser said that in both her conversations, to the initial call handler and nurse, Mrs C gave a clear history which was fundamentally the same. She said that Mr C had been unwell for one to two weeks with intermittent throat tightness, breathlessness, pain in both arms, dizziness and nausea. During the call, the nurse had expressed concern that it may be something to do with Mr C's heart.

On the basis that Mr and Mrs C told the GP what Mrs C had told NHS 24, then a diagnosis of ischaemic heart disease would have been highly likely and admission to hospital was reasonable action.

14. The Adviser said he believed that the GP had failed to communicate effectively with Mr and Mrs C. The GP described Mr C's symptoms as 'vertigo'. However, Mr C's symptoms did not sound like vertigo; dizziness is mentioned during the call to NHS 24, but it only happened when Mr C bent over and sounded more like a feeling of light-headedness rather than spinning. The nurse did not question Mr and Mrs C anymore about this, which suggested she did not feel it to be important. There was no evidence from the telephone call to NHS 24 that Mr C had vertigo, but there was good evidence that he could have ischaemic heart disease. The Adviser said he also had concerns about the GP's notes, which did not include some negative findings, for example, Mr C's smoking status and lack of central chest pain.

Conclusion

15. Mrs C complained about the failure by the GP to diagnose Mr C's heart disease and refer him to hospital. I have decided that there were failures in the care and treatment provided to Mr C by the GP. In reaching my decision, I have taken into account the Board's view that: it was only with the benefit of hindsight that Mr C clearly had a serious condition; an out-of-hours service GP has particular challenges in treating patients; and the NHS 24 nurse adviser was not convinced Mr C's presenting symptoms were of ischaemic cardiac pain. I have judged the reasonableness of the GP's actions on the basis of the evidence available at the time.

16. Turning first to the NHS 24 nurse adviser, it is clear from the recording of the conversation that although she considered that Mr C's symptoms could arise from his multiple sclerosis, she was concerned that they could indicate a problem with his heart. She arranged a GP to visit within the hour and advised Mrs C to call 999 immediately if Mr C worsened or had chest pains (see Annex 3). That is the context of the GP's visit to Mr C.

17. Turning now to the consultation, the evidence of the consultation is an oral account by Mrs C and an account from the GP based on his recollection, together with his notes. It is clear from this evidence that, on the one hand, the GP believed Mr C was suffering from vertigo, and that this was more significant than his other symptoms. On the other hand, however, dizziness was

mentioned to the GP as one of a number of symptoms. In assessing this evidence, I have taken into account the following factors.

18. Firstly, the advice which I have received is that the quality of the GP's notes and his communication with Mr and Mrs C were not adequate or effective (see paragraph 14). Secondly, Mrs C's account is corroborated by the evidence from her telephone call to NHS 24. Mrs C spoke to a call handler and the nurse adviser, and was consistent in her description of Mr C's symptoms during both conversations. Her account of what she and Mr C told the GP is also consistent with her telephone call to NHS 24. I have therefore decided that, on balance, Mr and Mrs C provided the same information to the GP that they gave to NHS 24. In addition, the triage information available to the GP provides evidence of some of the typical symptoms of a heart attack. In these circumstances, and taking into account the advice I have received, I have concluded that the care and treatment provided by the GP was not reasonable on this occasion, in that a diagnosis of ischaemic heart disease would have been highly likely and admitting Mr C to hospital acceptable practice.

19. In all the circumstances, I uphold the complaint. On learning of Mr C's death, the GP expressed his condolences and said that he had learned from what had happened. The Board said it would be discussed at his next appraisal and apologised to Mrs C. I recommend that the discussion should include the failures identified in this report and that the Board should apologise to Mrs C again in the light of my findings.

Recommendations

20. I recommend that the Board:	*Completion date*
(i) ensure that the failings identified in this report are raised with the GP during his next appraisal, to ensure that lessons have been learned from this case; and	20 August 2011
(ii) apologise to Mrs C for the failures identified in this report.	20 August 2011

21. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
Mr C	The complainant's late husband
The GP	A general practitioner from the out-of-hours service at Greater Glasgow and Clyde NHS Board
The Board	Greater Glasgow and Clyde NHS Board
The Adviser	One of the Ombudsman's professional advisers
CH	NHS 24 call handler
Nurse	NHS 24 nurse adviser

Annex 2

Glossary of terms

Ischaemic cardiac disease	A disease characterised by reduced blood supply of the heart muscle
Labyrinthitis	An inflammation of the inner ear
Multiple sclerosis	A chronic disease of the nervous system characterised by relapses and remissions. Multiple sclerosis can affect all aspects of nervous system function
Vertigo	A symptom of labyrinthitis - it is a type of dizziness where there is a feeling of motion when stationary

Annex 3

Transcript of Mrs C's telephone call to NHS 24 on 2 August 2010

CH: My name's [states name] at NHS 24. I'm a call handler can you briefly tell me why you're calling.

Mrs C: Well I was just on for my husband, he was on as he's not well and he was speaking to someone called [states name], and then, my husband's hearing's not good so I'm not sure what the guy said so ...

CH: Well what I need to go is look up the record. What's your husband's name please?

Mrs C: It's [states name] but he didn't get to ask … to ask that. Didn't get to ask his name.

CH: What happened, did your husband hang up? Did the call handler hang …

Mrs C: He may well have done but (UNINTELLIGIBLE) said 'I'll give you to my wife, I can't hear you'.

CH: Right what's this, tell me what's wrong with your husband just now and why you've called the service tonight.

Mrs C: Because he's not been well over the last few days and today it's been constant. He's feeling pain down his arms and nausea and breathlessness and his throat's tightening.

CH: OK what I'm going to do is I'll take your husband's details and ask you some questions and I'll pop you through to one of our nurses ok.

Mrs C: Ok right.

CH: Sorry, what was the, Mr C's surname?

Mrs C: It's [states surname].

CH: And what's his date of birth please?

Mrs C: Um. I've just woken up. [states number.]

CH: [states number]?

Mrs C: [states number] yeah.

CH: And what's the first line of your home address please?

Mrs C: [states address.]

CH: And is that where you both are at the moment?

Mrs C: Yeah. Yes we are.

CH: And what's your post code please?

Mrs C: [states postcode.]

CH: That's [states area] is that correct?

Mrs C: Yes it is.

CH: Is it just a main front door you've got there?

Mrs C: It is yep.

CH: What's your return telephone number?

Mrs C: It's this number. It's [states number].

CH: Uh-huh.

Mrs C: [states number.]

CH: Uh-huh.

Mrs C: [states number.]

CH: That's [states number]?

Mrs C: That's correct.

CH: Does that mobile number receive all incoming calls?

Mrs C: Yes it does.

CH: Ok. If you do get disconnected at any point I will phone you back.

Mrs C: Ok thanks very much.

CH: Mrs C, who's your husband's own doctor?

Mrs C: It's [states name]. My husband has MS.

CH: Ok, is that at [states address]?

Mrs C: Yes it is.

CH: Right ok. Does your husband make decisions for himself? Or do you actually …

Mrs C: Yes, yes he does.

CH: Would you be able to ask him a few wee questions for me?

Mrs C: Yes certainly.

CH: Can you ask him if we can let his own doctor know he phoned?

Mrs C: Yes you can. [To Mr C] They just want to know if they can let your own doctor know that you phoned? [To CH] Yes you can.

CH: That's fine. Can you ask him if we can pass his details on to get him seen?

Mrs C: [To Mr C] Can they pass your details on to get you seen? [To CH] Yeah.

CH: That's fine; finally can you ask him if we can access his medical notes?

Mrs C: [To Mr C] Can they access your medical notes? [To CH] Yes.

CH: These symptoms have been ongoing for the past two days did you say Mrs C?

Mrs C: Erm, he was at the doctors during the week, last Thursday I think it was and prior to that he had been.

CH: Ok. It's been there for maybe about kinda a week then?

Mrs C: A couple of weeks now yeah.

CH: A couple of weeks now. Ok. So he's breathless, pain in his arms he feels …

Mrs C: He's getting worse. The problem tonight is that he, he's had to wake me up, is that its pain's been constant it hasn't gone away. He's said he's really feeling unwell. I don't know ...

CH: What's causing him to be unwell?

Mrs C: The feelings he's got.

CH: The pain feeling? The throat tightness?

Mrs C: The feelings in his arms. He goes white and he feels sick and a tightening in his throat. And he holds his arm.

CH: Ok how long ago did he wake you up?

Mrs C: Just about 10 minutes ago. He was hoping I would wake up but, I didn't.

CH: So he's got nausea, he's breathless, he feels his throat tightening. Ok does it … And it has been ongoing for a couple of weeks, but this is worse tonight?

Mrs C: Yeah it's definitely not stopped on him since we came to bed.

CH: Ok so it's been intermittent for two weeks.

Mrs C: Yeah

CH: But it's been constant tonight.

Mrs C: Mmhmm.

CH: Anything else the nurse maybe needs to know? Or is that it apart from the MS?

Mrs C: No.

CH: I need to ask you some safety questions now ok? I know you were speaking to Mr C there so I know he's conscious and breathing. Could you ask him if he has any pains in his chest for me, front or back.

Mrs C: [To Mr C] Have you got any pains in your chest, front or back? [To CH] He says he's got a pain in his back.

CH: Right is it the upper back?

Mrs C: [To Mr C] is it the upper back or? [To CH] uh-huh.

CH: It is the upper back. Ok how would he describe that feeling?

Mrs C: [To Mr C] could you describe that feeling? The pain that you're feeling in your back? [to CH] Right, dependent on his movement it's a sharp pain.

CH: A sharp pain and he does obviously have pain in his arms as well. Is his breathing different that it has been normally, at the moment?

Mrs C: He's just constantly out of breath.

CH: Out of breath ok, but is it changed in the past two weeks or is it …

Mrs C: He's just kept saying it's a painful sensation down both arms.

CH: Ok. But his breathing just now is it, is he breathing different than it has been over the past …

Mrs C: Yes.

CH: It is different. Ok. Stay on the line for me for a wee second please Mrs C, I'm going to speak to a nurse.

Mrs C: Thanks. [To Mr C] She's away to get a nurse.

CH PUTS CALL ON HOLD.

Mr C: [Unintelligible in the back ground.]

Mrs C: I'll be alright if I went to sleep I'll be alright if I went back to sleep now, but yes it's not a problem.

Mr C: [Unintelligible in the back ground.]

Mrs C: How long has that been now since you've been feeling …

CH COMES BACK ON THE LINE

CH: Hi Mrs C?

Mrs C: Hello.

CH: Hi there Mrs C, I'm just going to pop you over to one of the nurses ok, we'll get Mr C assessed and we'll get something sorted tonight.

Mrs C: Thank you. Ok thanks very much.

Nurse: Hi it's [states name]

CH: Hiya it's [states name]. I've got call [states number.]

Nurse: Yes.

CH: Should give you a Mr C.

Nurse: Indeed it does. And it's Mrs C?

CH: Yes, now, Mr C suffers from MS, he's been ongoing intermittently over the past few weeks he's been getting pain in his arms feeling sick breathless and feels his throat tightening, and says this is the first time it's actually been constant for him tonight and he's also got pain in his upper back and his breathing is a wee bit worse.

Nurse: His breathing's worse tonight. Ok then thank you.

CH: Hello Mrs C?

Mrs C: Hello?

CH: Hi that's you through to the nurse ok?

Mrs C: OK.

Nurse: Hi Mrs C I'm [states name] I'm one of the nurses. What I'm going to do is check I've got the right record for Mr C, and ask some questions about his breathing and about his throat tightening and the nausea and see what we can do about that. His date of birth, can you confirm that for me?

Mrs C: [states date of birth.]

Nurse: Lovely and the telephone number you're calling from please?

Mrs C: [states telephone number.]

Nurse: Perfect and if we get cut off I will call you back on that number.

Mrs C: Ok.

Nurse: And is it [states address] where you would see your own GP?

Mrs C: Yes.

Nurse: Is that right? Ok. What's he doing just now Mrs C?

Mrs C: He's sitting on the edge of his bed.

Nurse: Ok what's his breathing like?

Mrs C: It's laboured.

Nurse: It's laboured. He's not gasping on breath?

Mrs C: No he's not gasping.

Nurse: What's his colour like?

Mrs C: His colour's a bit paler than normal. In the midst of when he was feeling really bad he goes quite pale.

Nurse: He goes quite pale? Any blueness around his lips at that time?

Mrs C: Erm, no.

Nurse: No. Ok, any chest pains?

Mrs C: [To Mr C] No chest pain Mr C? No chest pain? [To nurse] No, just the pain in his back and the tightening in his throat.

Nurse: Ok and he's getting tightening in his throat. Ok has he got any discomfort going across his shoulders or down his arms?

Mrs C: Down his both arms.

Nurse: Down both his arms?

Mrs C: Both arms he said.

Nurse: Ok. How long has he had this episode tonight?

Mrs C: Tonight, well the two of us came to bed at what, what time was that? Ten? Ten o'clock and I fell asleep instantly but apparently he's been up since then and feeling like this so I would say from about half, well, he was feeling like

it before we went to bed, but he started to feel worse, he was just hoping he'd be able to go to sleep.

Nurse: Ok from about 10.30.

Mrs C: I would say yes.

Nurse: Ok has he got any fever?

Mrs C: No fever.

Nurse: Has he got any cold or any clamminess?

Mrs C: [to Mr C] Are you clammy or cold? Clammy or cold? [To nurse] Just his feet are cold.

Nurse: Just his feet are cold. Ok when this all comes on, does he feel sick?

Mrs C: He was feeling sick.

Nurse: And he's been feeling nauseous as well. Right ok. Now, Mr C has got MS as well is that right?

Mrs C: Yeah.

Nurse: Right. Any other medical conditions that I need to know about?

Mrs C: No I don't think so, it's just MS.

Nurse: Just MS. He's never had cardiac problems? Or high blood pressure? Nothing like that?

Mrs C: No. He's never had high blood pressure.

Nurse: Has his swallow been alright … has his …

Mrs C: [INTERRUPTING] Sorry sorry, just a second [to Mr C] What darlin'? [To nurse] He says his blood pressure has fallen. He does get it checked.

Nurse: He does get it checked and that's been fine. Ask him if he's ever had palpitations tonight.

Mrs C: [To Mr C] Have you had palpitations tonight? [To nurse] No.

Nurse: No. Nothing like that. Ok. Right. Now he's had these episodes. How long now?

Mrs C: [To Mr C] How long now have you had these episodes? Over the last whatever, week, two weeks? How long as it been? Since before you went to the doctor? Probably a week is it not? A week and a half.

Nurse: Ok. What did the GP say?

Mrs C: [To Mr C] What did the doctor say to you? [To Nurse] She said she was puzzled.

Nurse: She was puzzled with all that.

Mrs C: She took blood tests and we've not got the results yet of course. Not from that.

Nurse: Right ok. Breathing [unintelligible]. Pain in his throat.

Mrs C: Tightening in his throat he said.

Nurse: Tightening.

Mrs C: And he's feeling sick.

Nurse: And he's feeling sick and he's been getting pain in his back. Ok he's no lumps or bumps over his abdomen?

Mrs C: Well he's no lumps or bumps no. I know what you mean.

Nurse: There's nothing there. No rashes?

Mrs C: I don't think so. [To Mr C] Can you sit up so I can have a wee look Mr C? Any rashes or anything? Nope.

Nurse: Any headaches or dizziness?

Mrs C: [To Mr C] Any headaches or dizziness? He does get very dizzy when he's bent down and he goes to sit up.

Nurse: Right ok and is that ongoing or is that just …

Mrs C: That's on going isn't it? I've seen you getting dizzy like that.

Nurse: Ok. Has he been eating and drinking as normal today?

Mrs C: No he hasn't been eating properly at all.

Nurse: Ok so the dietary intake has been poorer.

Mrs C: Yes it has.

Nurse: Ok is he taking plenty fluids?

Mrs C: He drinks a lot of tea and in between times a lot of cans of diet coke.

Nurse: Passing urine as normal?

Mrs C: [To Mr C] Passing urine alright? [To nurse] Uh-huh.

Nurse: He has. Ok. Definitely no chest pain just now?

Mrs C: [To Mr C] Definitely no chest pain just now? [To Nurse] No.

Nurse: Ok. Now. With the MS has he got problems with his throat or swallowing?

Mrs C: No he's never had problems with … [To Mr C] You've never had problems with your throat or swallowing with the MS? [To Nurse] No.

Nurse: Any pains in his tummy today?

Mrs C: [To Mr C] Any pains in your stomach today? [To Nurse] No?

Nurse: No. Nothing going on there at all.

Mrs C: He's a bit deaf that's why we're doing this.

Nurse: Oh no that's fine. You're doing really well. Thank you for that.

MR C TALKING IN BACKGROUND. UNABLE TO DECIPHER.

Mrs C: Are you hearing that?

Nurse: Yes.

Mrs C: Aye he feels as though everything is going haywire.

Nurse: He feels what?

Mrs C: You know how the nerve ends are a problem?

Nurse: Uh-huh.

Mr C: He feels as though they've gone haywire.

Nurse: Yeah it seems like it's an upgrade or like it's going onto another level.

Mrs C: Yeah.

Nurse: That's what it feels like just now?

Mrs C: Yes.

Nurse: Now with what you're saying at first I thought it could be cardiac.

Mrs C: Well that's what I thought because it looks awful when he's going through it. Cause he looks as though he's very jittery and he goes very pale and he sits and holds his arm.

Nurse: Right ok. Now his breathing. Now. Ok and it's his throat and his back. And he is able to catch his breath when all that's going on?

Mrs C: Yes he is. He sits and holds his head, sits forward and holds his head.

Nurse: Any pain in his back? Yes, there is pain in his back. But he's not had an injury or done anything like that?

Mrs C: No he's not had an injury to his back at all.

Nurse: Right ok and there's no new swellings round about his ankles?

Mrs C: [To Mr C] Any swelling round your ankles? [To Nurse] No.

Nurse: No.

Mrs C: He has had that before but usually it disappears.

Nurse: That disappears. And he's not had any problems with pain in his groin?

Mrs C: [To Mr C] Any pain in your groin Mr C? [To Nurse] No?

Nurse: No. Ok. Right let's see. I think what we're going to do with all this now is his breathing episodes when they come on have been quite constant since 10.30. His breathing becomes impaired when it comes to its worst. He really goes quite pale with it. He's got tightening in his throat and pain in his back and down both arms. He's got ongoing problems with dizziness and that continues tonight and diet intake has been poor over last wee while but he's taken fluids and he's passing urine as normal.

Mrs C: [Agreeing throughout] Yes.

Nurse: I think what we'll do is ask the GP to come out, Mrs C, and cast an eye over Mr C and see if they can see anything. I am a bit puzzled as there are two sorta things going on there. It could be the MS. It could be something like that going on where it's taken on a different level. Or what I'm worried about is that it could be something to do with his heart, so I want you to keep an eye on him …

Mrs C: Yeah I will.

Nurse: If he starts complaining of chest pains or his breathing becomes impaired, and it doesn't get any better, call 999 and you don't wait for anybody coming.

Mrs C: Right I will.

Nurse: Right. Let's have a look and see your address. I'll just come out of this. One minute dear. Now it's certainly keeping him up at night. That's for sure.

Mrs C: Oh yeah.

Nurse: yeah. Now. Its [states address] is that right?

Mrs C: [states address].

Nurse: I beg your pardon.

Mrs C: That's ok.

Nurse: I do that every time.

Mrs C: You thought it was somewhere else. It's [states address].

Nurse: [states address] Now I'm going to ask the GP to attend within the hour. If anything untoward happens in the meantime you call 999.

Mrs C: I will do.

Nurse: We're here right through till 8 o'clock in the morning. If you need us for any reason please call us back.

Mrs C: I will do.

Nurse: Ok bye bye dear.

Mrs C: Ok thank you. Bye bye.