

**Care of elderly man admitted to rural hospital
with leg ulcers and diarrhoea
(08HDC17125, 11 December 2009)**

District nursing service ~ Rural hospital ~ District health board ~ General practitioner ~ Renal failure ~ Wound care ~ Dehydration ~ Blood tests ~ Standard of care ~ Policies and procedures ~ Monitoring and assessment ~ Deterioration ~ Handover procedures ~ Wound care ~ Communication with family ~ Rights 4(1), 4(4), 4(5)

The family of an 83-year-old man complained about the care he received from a GP and their local DHB-run hospital. The man was admitted to the hospital by his GP, who suspected a chest infection and prescribed oral antibiotics and requested blood tests. The results indicated acute renal failure and sepsis and the man was taken to a larger hospital by ambulance. Due to the advanced stage of his renal failure and sepsis, clinical staff at the larger hospital could provide only palliative care for the man, and he died two days later.

The family also complained about the care provided by the district nursing service. The man suffered from a chronic leg ulcer and, for several months, nurses from the district nursing service visited his home frequently to review and dress the ulcer. The family were concerned that by the time the man was admitted to the local hospital he was suffering from four leg ulcers, and they had not been informed about this.

It was held that the DHB did not provide the man with appropriate quality and continuity of care by failing to provide adequate systems to guide and support its staff, and therefore breached Rights 4(1), 4(4) and 4(5). The GP's working diagnosis and management of the man was found to be reasonable in the circumstances and he did not breach the Code.

It was held that the DHB (in relation to the district nursing service) did not breach the Code as the standard of wound care provided by the district nursing service was appropriate, and there had been no need to update the man's family on the condition of his leg ulcers.

This case illustrates the importance of having good systems in place to guide staff, including at community (primary care) hospitals, in the detection of and response to physiologically unstable patients. It also highlights the importance of having effective handover procedures.