

**Treatment of boy with skin lesion  
17HDC01139, 12 December 2018**

*ED doctor ~ District health board ~ Emergency department ~ Lesion ~  
Anaesthesia ~ Documentation ~ Referral ~ Right 4(1)*

A 13-year-old boy was taken to the Emergency Department (ED) of a public hospital by his mother, who had concerns about a lesion on the boy's back.

The boy was seen by a ED doctor who offered two options for treatment — the first being painkillers and an urgent referral to the Dermatology Department, and the second to remove the lesion in the ED that evening. The ED doctor said that the boy and his mother opted to have the mass removed.

The ED doctor told HDC that he explained what the removal process would entail, and that the mother gave verbal consent for the procedure. He stated that he used lidocaine with adrenaline and ethyl chloride spray as anaesthesia to remove the lesion. However, according to the mother, only a spray was used. After applying the anaesthesia, the ED doctor removed the lesion and sutured the wound.

The ED doctor told HDC that an urgent referral to the Dermatology Department was made. However, the mother told HDC that she was not contacted by the Dermatology Department.

### **Findings**

It was held that the ethyl chloride spray and topical lidocaine used to remove the lesion would not have had any appreciable anaesthetic effect, and was inappropriate for the procedure. In addition, the ED doctor failed to provide full and comprehensive notes about the care he provided. No rationale is provided for the procedure; there is no explanation as to why the mass was treated in ED; there are no details about the consent process; there is no record of a discussion with the mother and her son about the options available; there is no record of the anaesthesia used; and there is no record of a referral to the Dermatology Department.

By failing to provide appropriate anaesthesia during the removal of the skin lesion, and failing to document the care provided adequately, the ED doctor did not provide services with reasonable care and skill. Accordingly, the ED doctor was found in breach of Right 4(1).

### **Recommendations**

It was recommended that the ED doctor provide a written apology.

It was recommended that the district health board consider whether the ED doctor would benefit from ongoing collegial support and mentoring with respect to his documentation and clinical decision-making within the ED context. It was also recommended that the district health board report to HDC on its progress in implementing an e-referral process.

It was recommended that the Medical Council of New Zealand consider whether a review of the ED doctor's competence is warranted.