

**Management of patient before and after surgery
15HDC00850, 20 February 2018**

*District health board ~ Surgery ~ Preoperative assessment ~
Pain medication ~ Deterioration ~ Monitoring ~ Right 4(1)*

A 74-year-old man was scheduled for total knee joint replacement. He had comorbidities including obesity and high blood pressure. He was reviewed by a resident medical officer in a pre-assessment clinic prior to surgery.

The man was prescribed slow-release morphine and gabapentin as preoperative medications. Following surgery, which was uneventful, he was prescribed slow-release and immediate-release morphine, and other pain relief medications to manage his postoperative pain. Once he was transferred to the surgical ward there was evidence of his condition deteriorating. However this was not acted upon, and his analgesia regimen was not reviewed in light of the deterioration.

The man was found unresponsive on the ward, and was unable to be resuscitated.

Findings

It was held the service provided by the District Health Board (DHB) was suboptimal in the following ways:

- The system for the preoperative assessment of the man's risk, particularly of his risk during the postoperative period, was inadequate.
- The man's postoperative analgesia regimen was not reviewed in light of his particular circumstances.
- Nursing staff failed to assess and monitor the man regularly. Thus his deteriorating condition was not recognised, and no contact was made with a senior member of the team to review the man.

Accordingly the DHB failed to provide services with reasonable care and skill, and breached Right 4(1).

Recommendations

The Commissioner recommended the DHB:

- Provide training to medical staff on the surgical ward regarding the use of opiates in the context of patients with obstructive sleep apnoea and/or renal impairment.
- Consider reviewing its streaming processes for preoperative anaesthetic assessment in light of the expert advisor's comment that some non-anaesthetists may not be able to recognise a difficult airway accurately.
- Provide nursing staff on the surgical ward with refresher training on the use of the automated external defibrillator (AED).