

Inadequate patient assessment and recommendation of transportation to hospital

(03HDC00153, 5 May 2004)

Ambulance officer ~ Ambulance service ~ Standard of care ~ Professional standards ~ Rights 4(1), 4(2)

A French man aged 55 years awoke with increasing pain in his chest and stomach, and his wife called an ambulance. On arrival the ambulance officer assessed the man, and his wife helped to translate his responses to questions. The man was hyperventilating and, when asked where he felt sore, he pointed to his lower torso and chest and said he was feeling “pics”, which his wife explained meant “pins and needles” in his hands, arms and fingers. The man’s oxygen saturation level was 98%, and his radial pulse was 80 and regular. The ambulance officer decided not to take a blood pressure reading. He calmed the man, and helped him to slow his breathing.

There is dispute over the extent to which the ambulance officer then obtained a more thorough history, including discussion of gastric problems and asking about chest pain, nausea and shortness of breath; there are few details on the patient report form. The ambulance officer made a diagnosis of gastric symptoms exacerbated by an anxiety attack leading to hyperventilation. It is possible that he may have offered hospital admission as an option, but this is not documented. He advised the man to try a hot milk drink to settle his stomach, and to consult his GP about the cause of his reflux. Approximately ten minutes after the ambulance departed, the man collapsed and his wife again called 111. The same ambulance returned soon afterwards. CPR and defibrillation were commenced and the man was transferred to hospital. He remained in a coma for 36 hours and suffered brain damage, which has left him severely impaired. His wife subsequently made a complaint about the failure of the ambulance officer to appropriately review and assess her husband.

It was held that the ambulance officer breached Right 4(1) by not enquiring fully into the man’s condition and transporting him to hospital for a full assessment. The New Zealand Ambulance Education Council’s authorised procedures state that an assessment of hyperventilation “needs to be made with caution after life-threatening conditions are excluded”.

The ambulance officer also breached Right 4(2) in not fully documenting details relevant to his assessment of the man.