

Failure to notify specialist of sedation history for colonoscopy
15HDC00043, 20 December 2017

*Endoscopy clinic ~ Endoscopist ~ Colonoscopy ~ Medication allergy ~
Anaesthetic ~ Sedation ~ Informed consent ~ Communication ~ Right 4(1)*

A 69-year-old woman with a family history of colorectal cancer was referred by her general practitioner for a screening colonoscopy. The referral was sent to an endoscopist at his private rooms. The referral letter stated that the woman was allergic to midazolam and fentanyl. A letter from a general surgeon who had performed a colonoscopy on the woman previously was also attached, and stated that the woman was allergic to a number of sedatives, and that “a general anaesthetic is advised”.

The woman’s referral was then forwarded to a endoscopy clinic where the endoscopist also worked. The endoscopist stated that he did not review the woman’s referral personally before it was sent to the clinic. The woman was sent an email from clinic staff informing her of the procedure date. On the same day, on an online form sent to her by the clinic, the woman recorded that she had “allergies/known sensitivities” to midazolam and fentanyl.

The clinic’s booking protocol in place at the time stated that any problems arising with patient preparation for a procedure should be directed to the “appropriate person”, which included nursing staff or the relevant specialist. The clinic stated that there is no record of its staff having notified the endoscopist of the woman’s sensitivities to midazolam or fentanyl, or that she was on clopidogrel, prior to the day of her procedure.

The woman presented to the clinic for her procedure. A registered nurse completed a pre-procedure form and a consent form. Next to the “allergies/known sensitivities” on the pre-procedure form, she wrote “midazolam and fentanyl”. The consent form was signed by the woman, the nurse, and the endoscopist. A drug reaction sticker was affixed directly below the signature section of the form, with “midazolam and fentanyl” handwritten onto the sticker.

The endoscopist and the woman had a conversation regarding the sedation to be used; however, there are conflicting accounts about what was discussed. The woman stated that she recalls the endoscopist telling her once she was in the procedure room that they did not have an anaesthetist on that day, and that, when she experienced pain, she asked the endoscopist to stop the procedure, but he did not do so.

The endoscopist told HDC that he spoke to the woman in the pre-procedure area to explore her potential allergy further with her. He stated that after talking with the woman it was apparent to him that she did not have an anaphylactic reaction to the drugs. The endoscopist said that he discussed with the woman how best to proceed, and that she agreed to start the colonoscopy examination initially without sedative drugs, but that if the examination became uncomfortable then small doses of midazolam and fentanyl would be administered. The endoscopist stated that he does not recall the woman asking him to abort the procedure.

Findings

The clinic breached Right 4(1) by failing to have in place adequate systems to ensure that the endoscopist was notified of salient aspects of the woman’s medical history, as required by its booking protocol. Comment was made regarding the endoscopist’s discussion with the woman on the day of the procedure.

Recommendations

It was recommended that the clinic use an anonymised version of this case to provide education to its staff and the endoscopists who use its facilities, on topics including informed consent, advocacy for the consumer, and when it would be appropriate to notify an endoscopist of salient aspects of a patient's history prior to the day of the procedure. It was also recommended that education be provided to endoscopists on how they can access their patient's information held by the clinic.

It was recommended that the clinic review its protocols and policies and develop a protocol for the identification and escalation of patient allergies to senior nursing staff and the endoscopist; develop a protocol that clearly outlines the steps endoscopists are expected to have performed prior to forwarding a referral to the clinic; and consider whether the review of the patient's history and booking information by a registered nurse should be done earlier than the day before a procedure.

It was recommended that the clinic provide an apology to the woman for its breach of the Code.