Assessment of woman presenting with shortness of breath and cough 17HDC00067, 17 May 2019

Registered nurse ~ General practitioner ~ Medical centre ~ Triage ~ Asthma ~ Right 4(1)

A woman who suffers from asthma presented to a medical centre with shortness of breath and coughing. She reported her symptoms to a medical receptionist, and a triage alert was activated (to be seen immediately).

The woman was escorted to a nursing area to wait to be seen. A registered nurse (RN) noted that the woman did not appear to be breathless, and concluded that it was safe to continue to provide care to another patient. During this time, the woman's condition deteriorated, and another patient alerted the nursing staff to the woman's condition.

An RN performed an initial triage assessment and recorded the woman's vital signs, and assigned a Triage Code of 3 (to be seen by a nurse or doctor within 30 minutes).

A second RN attended the triage cubicle because the woman was coughing and crying. The RN noted the woman's triage assessment and instructed the first RN to call a doctor immediately. The second RN's impression was that the woman was hyperventilating, and the nurse instructed the woman to breathe into a paper bag.

The GP arrived and established that the woman was asthmatic, and auscultated her chest. The woman's partner arrived and advised that the woman has cough variant asthma, which responds well to Ventolin and Atrovent.

The GP removed the paper bag and instructed the nurse to commence nebulised Ventolin and Atrovent. Prior to the medications being administered, the woman's partner noticed that the Atrovent had expired, and another ampoule was obtained and administered to the woman.

Findings

It was held that the first RN failed to adhere to the medical centre's Triage Policy, and that the standard of her assessment of the woman was inadequate. Accordingly, it was found that the RN breached Right 4(1).

Adverse comment was made about the second RN. The woman was having an asthma attack and the RN treated her for hyperventilation with a paper bag over her mouth, when this was not indicated. This placed the woman's well-being at risk.

Adverse comment was made about the medical centre for its failure to ensure that emergency treatment medication was current, as the subsequent delay placed the woman's well-being at risk.

Adverse comment was also made about the GP for his failure to remove the paper bag over the woman's mouth prior to auscultating her chest and obtaining her medical history.