JUST ANOTHER COUGH…

Dr Amie Burbridge
SpR Acute Medicine
Queen's Hospital, Burton Upon Trent
UK

So the story begins…

- 72 year old woman admitted on 16th May
- 2 week history of shortness of breath and cough productive of sputum.
- Two episodes of vomiting
- Bowels not open for 9 days, passing small amounts of wind
- Generalised abdominal pain, severity 3/10

- Past medical history of secondary progressive multiple sclerosis

- Current medications
  - Baclofen 20 mg QDS
  - Codeine 30 mg PRN
  - Tramadol 50 mg PRN
  - Furosemide 40 mg OD
  - Fluoxetine 20 mg OD
  - Gabapentin 300 mg TDS
  - Nebulisers – salbutamol and ipratropium PRN
  - Tolterodine 4 mg OD

Examination

- Respiratory rate 16 per minute
- Sats 98% on 2 litres of oxygen via nasal cannulae
- Temperature 36.2°C
- Blood pressure 138/72 mm/Hg
- Heart rate 105 beats per minute
- Respiratory - Creps at right base and wheeze throughout
- Abdomen – Generalised tenderness and faint bowel sounds
- CVS - Normal

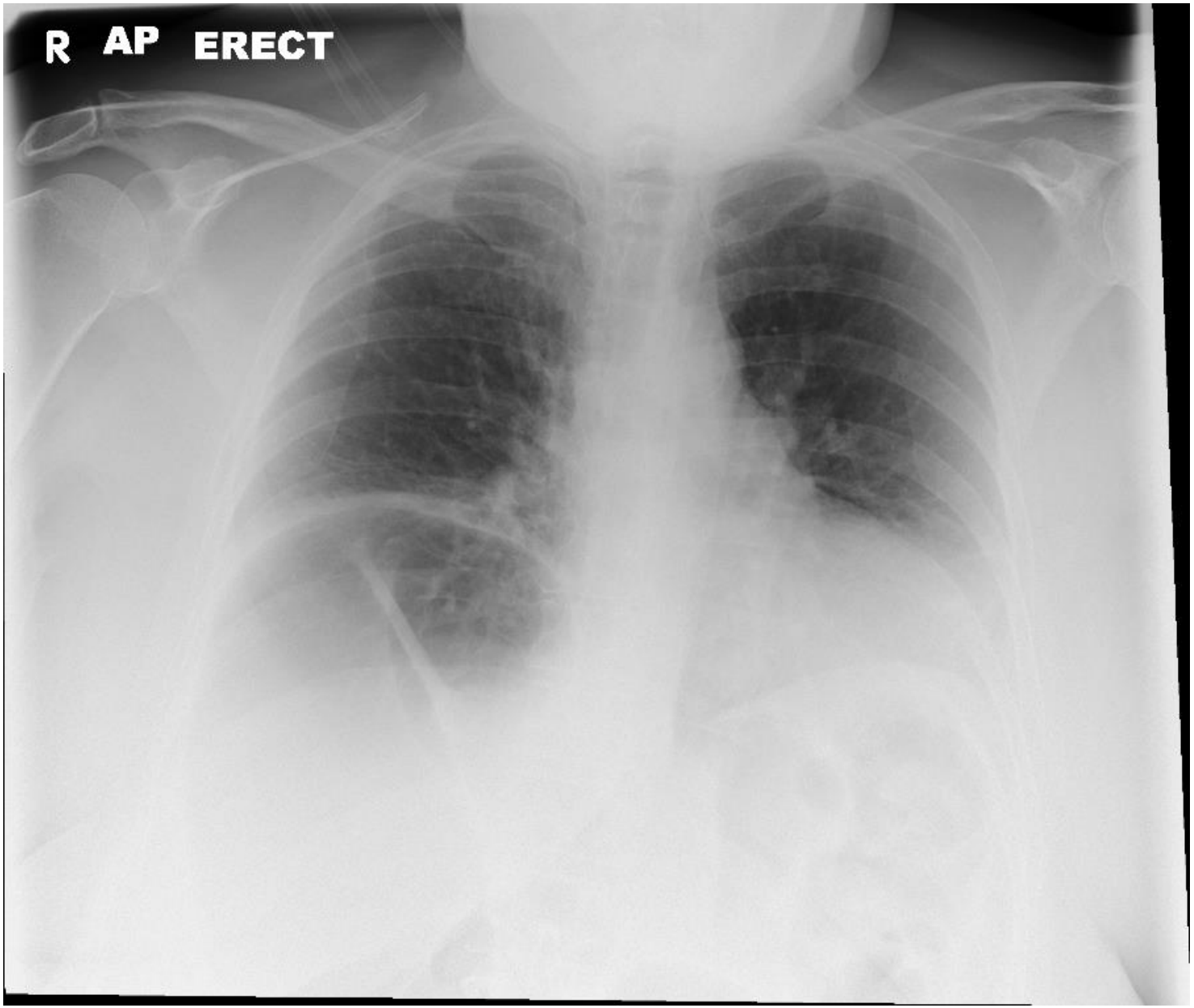
What are patient's problems?

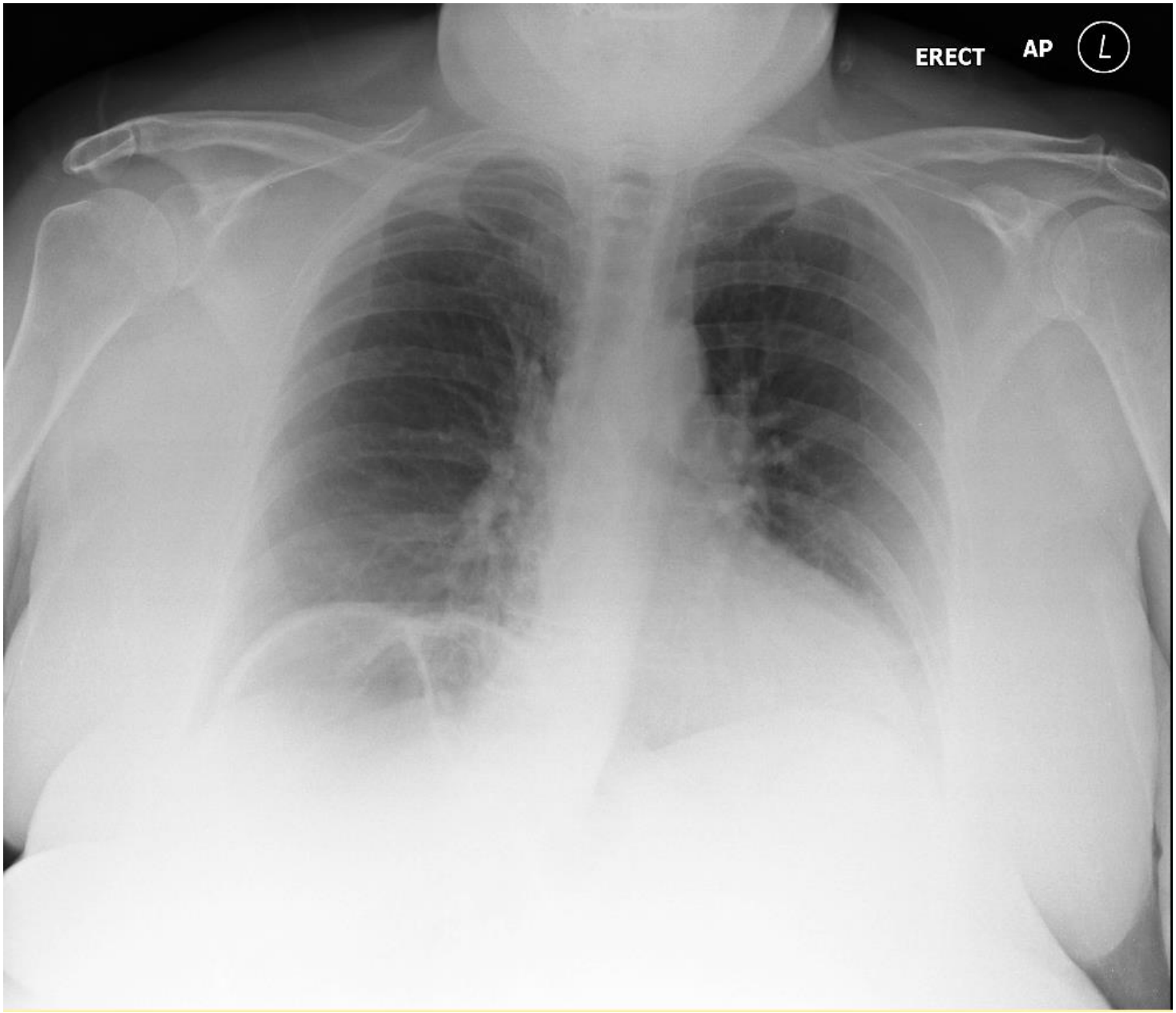
Hb	116	120 - 150 g/L
WCC	21.7	4.0 - 10.0 $x10^9$/L
Platelets	218	150 - 410 $x10^9$/L
HCT	0.329	0.360 - 0.460 L/L
MCV	87.0	83.0 - 101.0 fL
Neutrophils	17.1	2.0 - 7.0 $x10^9$/L
Lymphocytes	1.8	1.0 - 3.0 $x10^9$/L

Sodium	143	133 – 146 mmol/L
Potassium	3.5	3.5 – 5.3 mmol/L
Chloride	103	95 – 108 mmol/L
Urea	6.5	0 – 8.3 mmol/L
Creatinine	83	50 – 110 mmol/L

Arterial blood gas

pO_2	8.7	10 – 13 kPa
pCO_2	4.8	3.5 – 5.5 kPa
pH	7.46	7.35 – 7.45
Lactate	1.3	< 2
Base excess	1.9	-2 – +2
Bicarbonate	26.3	22 – 28 mmol/L


R AP ERECT


ERECT
AP
L

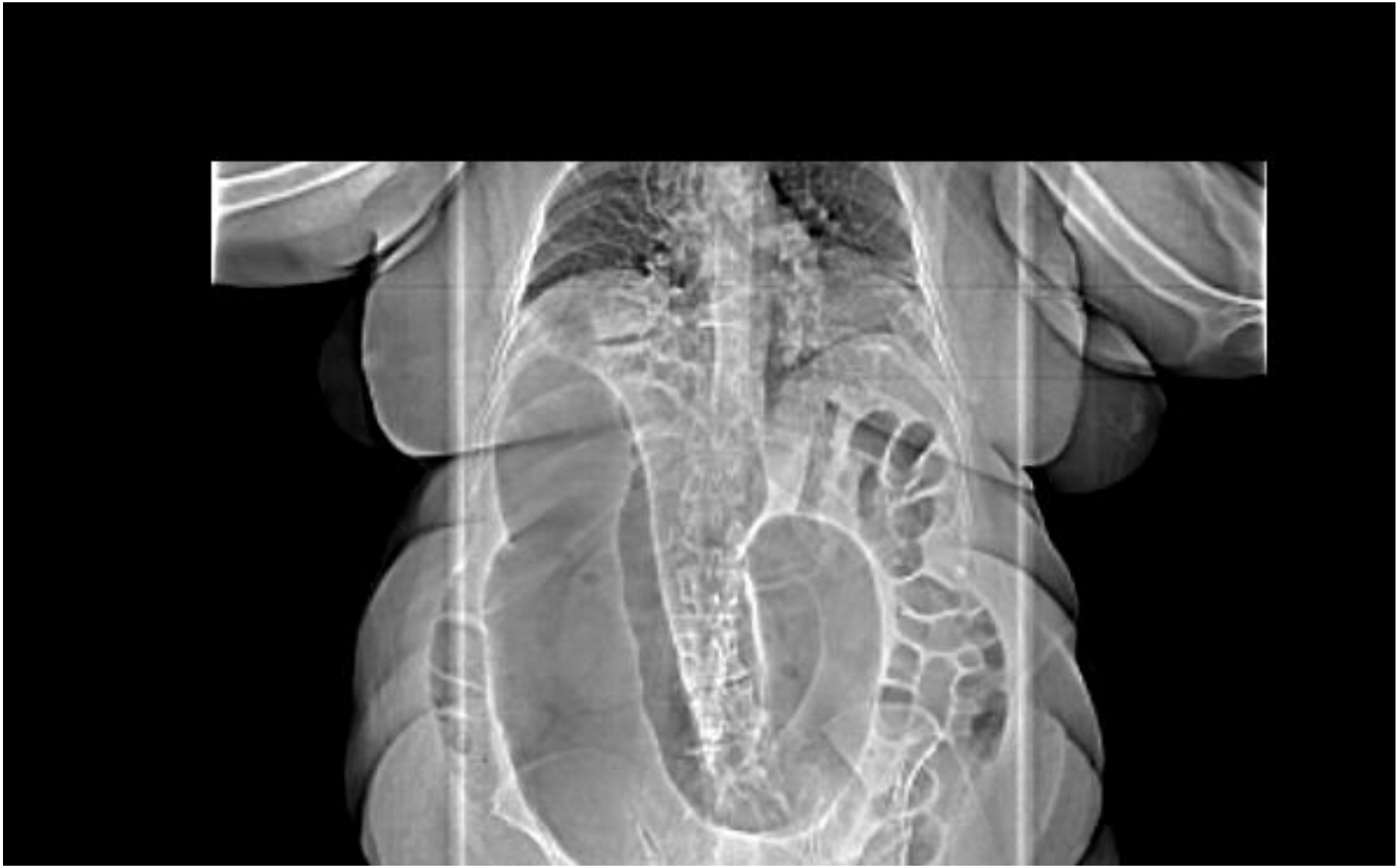
What would you do next?

What happened next?

- Started nights the weekend – email from the medical director
- A clinical incident form had been submitted

Deteriorated 16:00hrs 18/05/2015

- Dyspnoeic
- Unable to speak sentences
- Decreased urine output 300mls in 18 hours
- Complaining pain in RUQ, given morphine with some relief
- Examination revealed;
- Stable observations
- Distended abdomen
- No bowel sounds



Any suggestions?

Diagnosis

- Sigmoid volvulus and gangrene
- Emergency Hartmann’s procedure

Emergency Crew 16/05/2015

- SOB three days
- Spasmodic abdominal pain
- Cough and sputum
- Exam – Temp 38.6°c
- Widespread wheeze in chest
- Abdomen – Tender all over, guarding +++, distended
- Decreased bowel sounds

Emergency department 16/05/2015

- Seen by senior house officer
- Shortness of breath for two weeks
- Cough
- Abdominal pain 9/10
- Bowels not open for 7 days
- Diagnosed with community acquired pneumonia and constipation

17/05/15

- Shortness of breath
- Cough
- Bowels not open for 8 days
- Examination documents abdomen is soft and non-tender
- Urine positive for UTI
- Consultant post take ward round - Wheeze, SOB, cough with sputum. Diagnosed with CAP.

Previous admissions

- 8 in last three years
- 6 for shortness of breath
- 2 for orthopaedic problems

Why was the mistake made?

- Tiredness
- Cognitive bias
- Overconfidence
- Not enough time
- Common things are common

How decisions are made?

- Heuristics

- If we are aware of potential to make mistakes, we can train ourselves to be vigilant and prevent errors.

Any questions?

- Hickam's dictum, which succinctly states that "patients can have as many diseases as they damn well please".

- Occam’ s"when you hear hoofbeats behind you, think horses, not zebras".