Report on issues regarding the care of Desmond Bramich Ur 086644

I was involved in the above patient's care as the surgical unit PHO. I was involved in the 11hrs of resuscitation with Dr Younis (ICU consultant) and also present at the post-mortem. There seems to be various issues which have been raised about his care which I will try to outline briefly. His summary of care and treatment can be found in a letter I had written to the ICU registrar at the PA hospital. These details I will not repeat in this report.

In summary the patient sustained massive chest trauma, deteriorated on the second day following 2 days of being fully alert and stable and died following 11 hours of resuscitation. He was under the care of Dr Gaffield as the in charge consultant with an opinion from Dr Patel. It seems that there is some misconception that there was no intention to transfer this patient or there was a significant delay. This is entirely a misconception. The need for transfer in fact seemed to have been instigated by others not from the surgical team without consultation. This I found inappropriate and discourteous to the surgical team.

The surgical unit's decision to transfer was made after 16:00hrs following a CT scan to delineate his injuries. The case was discussed with the ICU unit at the PA as per my letter and plans to transfer arranged. No beds were available in their unit thus delaying transfer. The thoracic surgeon at PA was notified via their ICU team and his opinion was that he would not be operating on him that day. The consensus was to transfuse blood and replacement products which would be no different from what would done in their unit. This was then the management plan.

Further discussions were made with the PA hospital following a further deterioration in the patient's status. A bed was finally available only after a retrieval team had already been dispatched. The team arrived at about 23.00hrs only to assist with resuscitation and witness the patient's death.

In my opinion there was no delay in transferring this patient that could be improved on in any way. His rapid deterioration and unstable clinical state also would have been extremely difficult to manage on transfer and I do not think there would have been a different outcome otherwise. I also note that other discussions around the bedside during treatment were sometimes taken out of context and had no bearing on the outcome.

James Boyd
PHO - Surgery