

BOOK 42

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Queensland
Government

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Queensland Health
DEPARTMENT OF SURGERY

14 September 2004

RE: Desmond BRAMICH
DOB: 15.04.48

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This letter serves a summary of my care of Mr Desmond Bramich who was admitted to Bundaberg Base Hospital on 25 July 2004 and died 3 days later.

Mr Bramich presented to DEM on 25 July as a trauma alert. He apparently had been working under a caravan when the caravan jack slipped with the caravan then falling and crushing the patient's right chest. He was apparently trapped in this position for approximately ten minutes before being released. I evaluated him that night in DEM along with junior surgical staff. He was determined at that point to have a right flail chest with multiple rib fractures. He had a chest tube placed into his right hemithorax in the trauma room for haemopneumothorax. He was subsequently admitted to the Intensive Care Unit.

He was transferred out of the Intensive Care Unit the following afternoon as he was stable during his initial 12hrs in the hospital. He continued to do well up until 36hrs into his hospital stay. At that point the patient on 27 July 2004 was on Ward 12. He had essentially no problems up until eating lunch that day. The patient experienced severe sudden excruciating right chest pain. He was attended to immediately by myself, Dr Boyd and Dr Younis. At that point he had evidence of further right chest bleeding via the test tube. He also became hypotensive and resuscitation was instituted. He was quickly transferred to the ICU for better monitoring capabilities. Over the next several hours he was continuously attended to by multiple senior and junior medical staff with placement of various invasive monitoring devices and tubes as well as continued resuscitation with fluid, blood and medications.

The patient did not respond well to any of these aggressive measures. He remained grossly unstable throughout this time. Multiple aetiologies for his deterioration were considered. He underwent systematic consideration of these various aetiologies with various tests done to rule out other possibilities.

Approximately 4-5hrs into this acute event, the option of transferring the patient to a tertiary centre in Brisbane was entertained. This option was initially voiced by anaesthesia and nursing staff. The thoracic service was contacted in Brisbane for additional advice regarding management of this severe blunt thoracic trauma. Unfortunately throughout this time, the patient was far too unstable to consider transfer. The patient was actively being attended to by multiple nurses and Doctors throughout this time and was grossly unfit for helicopter transfer. Nevertheless contact with the tertiary facility was maintained and their recommendations given appropriate consideration.

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Re: Desmond Bramich

Unfortunately over the following 6hrs, the patient continued his progressive unstable status and ultimately expired approximately 12hrs after the event on the ward. In addition to the aggressive resuscitation and evaluation performed, we also had contact with the tertiary hospital. Furthermore an additional surgical opinion was obtained from Dr Patel during this time due to the severity of the situation and the need for additional expertise.

Yours sincerely



Dr James Gaffield
Staff Surgeon