

Case: 201004935, Tayside NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: upheld, recommendations

Summary

Ms C complained about the board's treatment of her wrist injury. She complained that the investigation of her injury and treatment had not been reasonable, and that the treatment had not been undertaken within a reasonable timescale. We upheld both complaints.

We found that a failure to assess Ms C's symptoms from the outset and to treat them with a high level of suspicion had led to failings in her care. We were critical of a number of aspects of the care, including the decision to treat her with a splint initially rather than a cast (whilst acknowledging this may not have impacted upon the healing of Ms C's fracture, we found more consistent immobilisation would have assisted in easing Ms C's pain and discomfort, as throughout the course of her treatment she had splints and casts fitted and removed on several occasions). We also criticised the board's failure to send Ms C for specific wrist x-rays and the decision to discharge her on three occasions without appropriate follow-up care.

In relation to treatment being undertaken within a reasonable timescale, we found that Ms C should have been referred for physiotherapy at around the time she was diagnosed with the fracture. Instead, Ms C did not begin to receive physiotherapy until around six months later after she self-referred. We found this delay may have impacted upon her long term recovery.

Recommendations

We recommended that the board:

- provide a full apology to Ms C for the failures identified in her treatment;
- review their Minor Injury Wrist and Forearm protocol to ensure that a patient presenting with symptoms potentially indicative of a scaphoid (wrist) fracture are appropriately investigated and managed; and
- ensure staff involved in Ms C's case are made aware of the need to arrange follow-up appointments when necessary, to give consideration to

a physiotherapy referral for patients if appropriate, and that the board take these issues into account when reviewing their Minor Injury Wrist and Forearm protocol.