

SPSO decision report

Case: 201301851, Scottish Ambulance Service
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, recommendations

Summary

Mrs C complained on behalf of her late husband (Mr C) that there was an unreasonable delay in taking him from their home to an ambulance. Mrs C said that the ambulance crew spent too long trying to get her husband to respond to them and should have taken him to the ambulance and conveyed him to hospital straight away. Mrs C also raised concerns that the crew were unable to insert an intravenous line (a plastic tube introduced with a metal needle into a vein to allow the delivery of medications to assist resuscitation).

We took independent advice from one of our medical advisers, who is a GP. The adviser said that the time taken at the scene (22 minutes) was not excessive. They explained that as Mr C had 'shut down' (when a patient is in the extremes of a medical crisis and their peripheral veins collapse) it would have been very difficult for the paramedic to have inserted an intravenous line. This was not unusual and in itself did not make the paramedic's actions unreasonable. The adviser explained that, when the insertion of an intravenous line fails, it is reasonable to use an intraosseous needle (a large bore needle pushed into the bone marrow of the shin to allow the introduction of drugs and fluids to assist resuscitation). However, in this case the crew attending Mr C did not have access to such a needle and the adviser said that even had one been available and the conditions appropriate, its use would have been unlikely to have changed the outcome for Mr C.

The evidence suggested that the ambulance crew acted appropriately and in accordance with their organisation's and national guidelines in their treatment of Mr C. However, we were concerned that the service told us that use of intraosseous needles was not their custom and practice, given that national guidelines on resuscitation say that if intravenous access cannot be established within the first two minutes of resuscitation, consideration should be given to intraosseous access.

Recommendations

We recommended that the Scottish Ambulance Service:

- consider reviewing the use of intraosseous needles to take account of national guidance in this area.