## **SPSO decision report**



Case:	201304746, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector:	health
Subject:	clinical treatment / diagnosis
Outcome:	not upheld, no recommendations

## Summary

Mr C's son (Master A) was unwell, and was taken to A&E at Yorkhill Hospital (also known as the Royal Hospital for Sick Children). The family were due to go on holiday two days later and Mr C said that he told hospital staff this. Master A was examined and discharged, and his parents were told to bring him back if his condition worsened or he was sick. This did not happen, and the family went on holiday. Two days later, Master A had to have emergency surgery abroad to remove his burst appendix. He was in hospital for five days being treated with antibiotics (drugs to fight bacterial infection), strong painkillers, and a drain to remove infected fluid from his abdomen. Mr C complained that staff at Yorkhill Hospital failed to diagnose that his son had appendicitis (inflammation of the appendix).

Our investigation, which included taking independent advice from one of our medical advisers, found that the care and treatment provided to Master A was reasonable and appropriate. Having studied Master A's medical records, the adviser said that the clinical signs and symptoms with which Master A presented gave insufficient evidence to make a definitive diagnosis of appendicitis. The likely cause of his illness was thought to be a viral infection. Appendicitis was not ruled out, but included as a differential (alternative) diagnosis. The adviser said that this was reasonable and that it was appropriate to discharge Master A with advice to come back to A&E if his condition worsened.

There had been some dispute over whether or not the staff who dealt with Master A were aware of the planned holiday. Mr C said that it was the first thing they told staff, but staff said that they could not recall being told this. However, the adviser said that, even if staff had this information, it should not have changed the management of Master A's condition and it was appropriate to discharge him with advice to seek further medical help if his condition deteriorated. Based on all the evidence and advice, we decided that Master A's care and treatment was reasonable.