

## SPSO decision report



**Case:** 202305722, Greater Glasgow and Clyde NHS Board - Acute Services Division

**Sector:** Health

**Subject:** Clinical treatment / diagnosis

**Decision:** not upheld, no recommendations

### Summary

C is a kidney transplant patient who was suffering from COVID-19 when they were admitted to hospital. C's COVID-19 worsened and C developed blood clots in their lungs. C was treated with anti-coagulant medication. However, over time C developed a haematoma (a collection of blood) in their right arm and a large haematoma which caused permanent damage to nerves in C's left thigh. C complained that staff had not been proactive enough in monitoring the effects of the anti-coagulant medication or in managing the blood clots and haematomas. C also complained that a referral to a neurologist should have taken place at the time and would have improved their long term prognosis.

The board explained that the effect of the anti-coagulant was not usually measured, but could be useful in patients with kidney disease. They had therefore monitored as required. Medication was changed due to concerns that the blood clots were getting worse and then stopped in light of the bleed into C's thigh. A neurology referral was not made, as following discussion with surgical and radiological experts it was determined that supportive therapy was the most suitable management strategy for C's case.

We took advice from a consultant haematologist and consultant neurologist. We found that C had both blood clots and significant bleeding. Both can be life-threatening, and treating one may make the other worse. We found that the monitoring and management of the anti-coagulant medication and the management of the haematomas and blood clots was reasonable and that it was reasonable not to refer to neurology and not to have considered femoral neuropathy. Therefore, we did not uphold the complaint.