

## Case history 1

### **Patient who should have lived but died**

I chose to write about the above Critical Incident because of the long-term effect it had on me as a newly qualified Nurse Anaesthetist. For purposes of confidentiality, patient's name, other factors and place of incident remain anonymous.

Precisely four months into my new role as a Nurse Anaesthetist, I was posted to a District Hospital some two hundred and forty Kilometres from the Capital City. Initially I was enthusiastic and looking forward to my new experience. I settled very quickly helped by the fact that I met Nursing and Medical colleagues with whom I worked previously at the teaching hospital in the Capital City.

My enthusiasm and excitement soon evaporated when I discovered that there was no functioning Anaesthetic machine. Basic monitoring equipment/drugs that I need to effectively and efficiently carry out my duties were in need of desperate repair and non-existent respectively. For the most times my duties were limited to cannulations on the Paediatric ward, a couple of Spinal Anaesthetic cases for Hernia repair and one General Anaesthetic case (using Ketamine Hydrochloride for a breast lumpectomy).

One evening I was in my apartment when I received a call from the resident Medical officer about an Obstetric emergency. On arrival at the outpatient department, I met the patient, a 2 year old, full term Prime Gravida. She was brought in from a neighbouring village. According to the escorting Traditional Birth Attendant, she has been in labour for over 24 hours and bleeding per vagina. Several attempts were made to deliver the baby in the village per vagina but failed. It soon became clear to us (medical staff, nurses, midwife and myself) that she has breach presentation with major Haemorrhage. A decision was made for emergency Caesarean section. Patient was cannulated, blood samples sent to the laboratory. I requested Haemoglobin, clotting, grouping and cross match for 8 units of blood, Biochemistry. We had no blood gas analyser, blood bank with 'O' negative blood or plasma products to optimise the patient before surgery. The operating theatre was devoid of a functioning Anaesthetic machine, no monitoring equipments or the appropriate resuscitation drugs for a Crash induction. Another decision was made to transfer the patient to another District Hospital. Meanwhile, All I could do was give Intravenous fluids (crystalloids and colloids and boluses of Inotrope (Adrenaline)) to maintain patient's Blood pressure.

Under normal circumstances you get some or all laboratory results after 24 to 48 hours or longer. Some parameters cannot be investigated locally; samples would need to be sent to the City for analysis. In the circumstance we did all we could, working in the dark administering treatment based on clinical, physical manifestations. It became apparent patient was going down hill rapidly and we were powerless to correct even the reversible causes to keep her alive.

The only Hospital Ambulance we had broke down months ago. Attempts were made to hire a public vehicle but proved unsuccessful. Four hours later patient arrested and died.

The following is a critical analysis of the incident and my learning experience:

Firstly, there I was fresh from University, knowing exactly what to do in such scenario, but was powerless to do something productive and beneficial to the patient, for a very long time I had a sense of guilt. I felt patient deserved better than the service we offered. As health care professionals, we have a duty of care to our patients. This fundamental care was not given to the patient. The multidisciplinary team worked very hard to save the patient's life, but were hampered by the lack of basic necessities.

Secondly. On reflection, we got away with what, had it been in a civilised nation, a serious case of litigation with perhaps prosecution, imprisonment or even dismissal for staff and management. Finally, I soon realised no matter how knowledgeable or how experienced you are, if you are not provided with the basic tools to function, there is very little you can do to impact patients lives.

My motivation is my desire to help my nation irrespective of the circumstances and hope for a better future, a better health care.