Disclaimer

The repoted cases are adaptations of real incidents occured in the Regional Health Service of Tuscany and are intended for training purposes. TO BE distributed only to the participants at the joint WHO-GRC training program for Maldives MOH

Case study 1 – surgical-related incident

Patient aged 70 with HCV-related chronic hepatitis. Admitted from emergency unit to internal medicine ward of the rural hospital for decompensated liver cirrhosis with ascites. Onset of acute pain resistant to analgesic therapy. She is evaluated by the emergency surgeon who recommends urgent abdomen CT with contrast medium, that reports a suspected intestinal infarction. Therefore the patient undergoes urgent surgery with evidence of intestinal ischaemia affecting the right colon. Therefore we proceed to a right hemicolectomy. the opening of the operative piece (right colon) shows ischemic compromise of the mucosa up to the right corner with intact mucosa borne by the transversus. Therefore, a double layer of manual L-L ileo-colic anastomosis is prepared. The patient is transferred to the ICU of the urban HUB hospital. On the 11th day PO the patient is reoperated for biliary secretion from one of the abdominal drains. Diffuse peritonitis due to partial dehiscence at the anastomotic level is highlighted and the abutments are resected and abandoned in the peritoneal cavity, washing of the peritoneal cavity, laparostomy using a VAC device, programming a second surgical look at 48 hours. The patient died on the 2nd-13th postoperative day due to septic shock.

Case studiy 2 - wrong medication

At the gastroenterology operating unit, a patient enters to undergo a colonoscopy in conscious sedation, the examination was carried out in the presence of an endoscopist and two nurses. Although the examination was done in conscious sedation, it seemed difficult from the first moments, creating discomfort to the patient, so much so that the doctor who had started the examination stopped and asked a colleague to continue.

The examination continues, trying to find a way to complete it, after a few moments the patient presents profuse sweating and marked bradycardia. The doctor who was carrying out the procedure asks for a vial of ATROPINE to be administered, the nurse who supervised the patient gets ready to take the drug from the cabinet, prepares it and administers it, only after the administration he realize and realize that he has administered a another drug (ADRENALINE), alerting the endoscopist and colleague.

The examination is immediately interrupted, the cardiologist and the anesthetist on duty are alerted and the patient is subjected to ECG and blood pressure monitoring and made safe. The patient immediately presented an episode of tachycardia lasting a few seconds, then spontaneously returning to sinus rhythm.

The endoscopist doctor together with the heart clock and the intervening anesthesia decided to keep the patient for observation by accompanying him to the emergency room, informing him of the event and also talking to the wife who accompanied him, the patient was discharged after about 24 hours without consequences.

Case study 3 – mother-newborn assistance-related incident

35-year-old woman, was hospitalized on February 7 at 7:27 pm due to a blood pressure increase at 39 + 6 weeks of physiological first pregnancy, following access to the AE for the same reason on February 4, on the occasion of which she had been visited and discharged with normal PA values.

At the entrance the obstetric visit, the ultrasound and the clinical evaluation show a stable situation, during the night the patient rests regularly.

In the morning, after the measurement of the parameters by the midwife on shift, the patient goes to the bathroom and noticing blood loss she calls the midwife at 6.45 am. Given the situation, the obstetrician immediately calls the gynecologist on duty and checks the heartbeat of the baby who is bradycardic. Once the extent of the loss and the bradycardia are noted, the operating room is alerted and the neonatologist on duty for the emergency cesarean which is performed within a few minutes but unfortunately the newborn is extracted lifeless at 7 am. around 8 o'clock the death due to the massive detachment of the placenta is ascertained. The operation ends at 9:22 am and the patient returns to the ward in stable conditions. The intervening doctors and the midwife communicate the incident to the woman and her husband.