

Failure to recognise hypoglycaemic coma and seek medical assistance (02HDC17106, 19 March 2004)

Nurse ~ Rest home ~ Standard of care ~ Referral ~ Diagnosis ~ Right 4(1)

Two nieces (one of whom held enduring power of attorney for the personal care and welfare of the patient) complained about the services provided to their 88-year-old aunt by a registered nurse and a rest home. The complainants alleged that the nurse did not respond appropriately to their aunt's period of unconsciousness, and did not investigate the possible causes, adequately monitor her diabetic state, seek medical attention for her in a timely fashion, or inform her night caregiver that she was a diabetic. In addition, the rest home did not inform the patient's family members about her "slight turn" prior to her period of unconsciousness.

The patient suffered from dementia and was a known diabetic. One morning it was noted that she was vomiting, had diarrhoea, and "may have had a Transient Ischaemic Attack (TIA)". Her family was not informed of this. Several days later one of her caregivers was unable to rouse her for her medications. The caregiver rang the nurse, who assessed the patient's blood pressure and blood sugar level. The patient was clammy and damp. The nurse telephoned one of the nieces and told her that her aunt had had a stroke and was in a coma. The niece came to the rest home to be with her aunt. During the night a caregiver took regular readings of the patient's blood pressure as instructed by the nurse.

The next morning the nurse was surprised to find the patient still unconscious. The nurse recorded her vital signs as normal, but did not check her blood sugar level. She tried telephoning for a general practitioner but was unable to get through. Contact was made at 11.00am by fax, and the doctor advised calling an ambulance, which arrived at 1.21pm. The niece told the ambulance officer that her aunt was diabetic and he immediately checked her blood sugar level, which was 1.9mmol/L (extremely low). She was administered intravenous dextrose immediately and, by the time she arrived in the Emergency Department, was back to her usual self.

The nurse was held to have breached Right 4(1), as she did not recognise and consider the possibility of hypoglycaemia in a patient she knew to be diabetic. The patient's initial presentation of being damp and clammy with a blood sugar level of 4.9mmol/L should have led to consideration of this. The nurse should also have called a doctor at this stage and briefed the caregiver fully on the actions she needed to take throughout the night.