



Anne McCabe

Patient Perspective

First National Sepsis Summit – Dublin Castle Conference
Centre 2nd July 2015



Patient Perspective

- Text book case appendicitis
- E.D in major tertiary centre
- Hx taken, v/s T37.8 HR. 86 B/P 102/54
- Analgesics/ anti-emetics – I.V. cannula, for bloods, and review by registrar
- Placed in a chair about a foot away from a patients trolley



What happened next

- Nothing
- By 15:30hrs still not seen, my husband pushed for me to be reviewed
- X-ray taken at 16:20hrs
- Back to chair
- 1st dose IV Augmentin given at 19:00hrs



Next

- Reviewed by Surgical registrar at 20:00hrs (9hrs department)
- Confirmed appendicitis, for admission
- Once decision to admit placed on NEWS- Temp now 38.8, hr 96, B/P 91/50
- Why not use NEWS immediately?
- Latex allergy!!!!!!!!!!




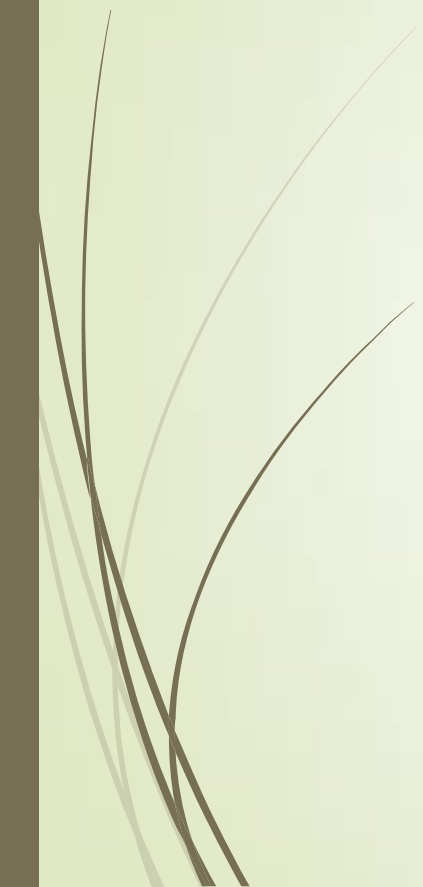
Next

- Admitted to ward at 01:00hrs
- Temp 38.7 – blood cultures taken
- S/B consultant 07:30hrs - for o.t that morning, 3 others ahead of me
- O.T at 16:00hrs – not informed of Latex allergy
- Lucky for me Sunday- opened another theatre
- Appendix removed – not perforated



Next

- Later told had perforated CRP 374
- Then told very nasty appendix would need 5 days I.V a/b
- Still spiking high temps, despite 6 hrly IV Paracetamol – CRP 360
- I queried changing a/b or adding in another- told “no microbiology don’t recommend it”
- Horrendous chills and sweats

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- CRP did not come down to 100 for 6 days
 - Discharged Saturday 20th September , CRP 95.5, on oral Augmentin still low grade pyrexia 37.5- 37.8 (still on Paracetamol for pain)
 - Appointment to be sent out - Review in clinic in 2 weeks
 - Finished antibiotics on Tuesday 23rd
 - Following Monday night/Tuesday morning very unwell again -dragging pain right side – unable to get appointment – advised go to GP or back E.D



GP Appointment

- Tuesday 17:00hrs GP Temp 39.6 hr 94
- Hands/feet shut down
- Wanted to send me to E.D.
- Commenced oral Ciproxacillin with a clear understanding that I go straight to E.D if I got worse!!- reviewed following morning – Temp improved 37.7 - 38
- Plan: Continued Cipro x 2 weeks, bloods after 48hrs a/b - CRP 77
- Repeat bloods after 2 weeks – CRP 7.7



Key Points

- Never did receive follow up appointment
- No discharge letter to GP
- Did receive a bill on my 3rd day home with incorrect dates for my stay
- Staff constantly telling me how busy they were
- Felt “maybe it was just unlucky for me”

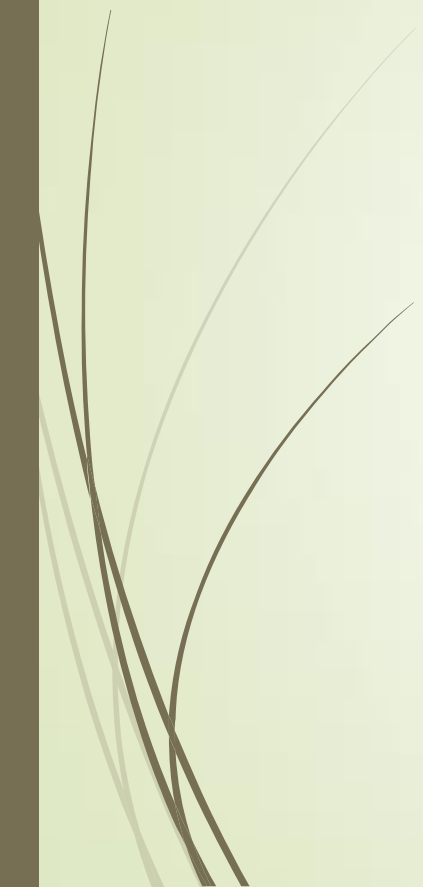


Key Points

- **Did not feel safe**
- Felt I wasn't listened to
- I needed Advocate
- Felt **ashamed** to be in health profession
- Felt **guilty** and wondered was I expecting too much??



Key Points

- Personal cost to me & my family
 - Cost to health service
 - Cost to other patients
 - Cost to my employer
- 



Key Points



- ▶ I am a wife, mother, daughter, sister, niece, friend, colleague
- ▶ Each patient should be treated equally – sadly this is not the case in our health system
- ▶ Everyone should be entitled to the highest available standard of care
- ▶ If there had been a recognised guideline/ protocol in place I would not have suffered the way I did- neither would the many people who sadly were not as lucky as me

These people were not so lucky

Savita Halappanaver 28th October 2012





▶ Susan McGee 24th July 2013





The good news

National Clinical Guideline Sepsis Management

- There now is a solution – sepsis management guideline – accredited, evidence based and robust
- Not dependent on personal preferences
- As a country we are the size of a region in the U.K.
- Wonderful opportunity to standardise sepsis management nationally

I was - My family



Our lives are in your hands

- ▶ **If the patient is not at the centre of the conversations we are having then it is not about the patient**

