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
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
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
- 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