



*Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.*

## **Patient Safety Learning Advisory**

### **Leg Trauma/Sepsis**

#### **Summary:**

A pediatric patient was brought in to an Emergency Department (E.D.) with a large, gaping laceration to the leg following a home-made slip and slide accident where the patient slipped into a piece of rebar (steel rod). The patient's laceration was repaired, and he/she returned the following day for a dressing change. Later that evening the patient returned to the E.D. with nausea, vomiting and a fever. The Observation Unit (OU) was closed due to staffing so the patient was then sent to the Surgical unit for observation and monitoring. The patient's condition started to deteriorate, requiring fluid resuscitation for sepsis treatment. The patient was transferred to a higher level of care by STARS as he/she required multiple surgeries and a lengthy rehabilitation.

#### **Keywords: Leg trauma, sepsis**

This review is based on a single event.

#### **Findings of the Review:**

The pediatric patient became critical with sepsis from his/her leg wound and was managed on a surgical unit.

The deep, complex wound was sutured by the E.D. attending physician and a medical student without a surgical consultation.

There is a culture of "do not call" the on-call surgeon or orthopedic specialist during the night unless it is a "life or limb" scenario. This poses a challenge and ethical strain on emergency physicians, most notably newer physicians.

### **System Learning:**

Recommend a consultation with the Provincial Pediatric Clinical Team to confirm that a reassessment of a pediatric revisit within 24h at an emergency department is best practice.

If outcome of above confirms that reassessments are best practice, then proceed with recommending patients 0-17 years of age returning to an emergency department within 24h should be flagged in the electronic system (EDIS).

If outcome of above confirms that reassessments are best practice, inform clinical providers that investigative diagnostic testing/advice should occur in collaboration with the Pediatric Transport Resource.

Develop criteria when observation unit (OU) patients are to be admitted to any unit due to staffing constraints.

Educate and implement the above criteria at the site.

All Chief of Staff(s) at acute care sites to bring forward at a medical staff meeting:

- that it is recommended to have surgical consults for deep, complex wounds
- to promote open dialogue about the culture of “do not call” surgical or orthopedic specialists on call during the night.

Communicate the College of Physician’s and Surgeons of Manitoba’s [“Standard of Practice Professional Responsibilities in Undergraduate & Postgraduate Medical Education”](#) to all physicians within the Service Delivery Organization regarding supervision of medical students and residents.