



CASE STUDY # 22



Patient was administered Oxygen even before he was hospitalized!

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A case of 28yrs male who presented with c/o high grade fever, shortness of breath, cough with expectoration and extreme weakness. He was admitted from 11/3/23 to 16/3/23 and was diagnosed as 'Acute Febrile Illness with Sepsis'.

On perusal of the documents at hand it has been observed that:

The morning ICU notes dated 11/3/23 instructs to put the patient on Oxygen but it does not mention the quantity and mode of O₂ administration, and the evening notes dated 13/3/23 instructs to stop O₂ administration, and there is no evidence of tapering of O₂ administration.

The Oxygen/Nebulization/Other monitoring chart mentions O₂, 2 lit/hour on 11/3/23 and it was tapered on 12/3/23 to 1 lit/ hour and stopped by staff nurse A on 13/3/23 at 6 pm. There are no instructions to the staff to administer 2 lit/hour of oxygen and then taper it to 1 lit/ hour. It has also been noted that at the time when the oxygen administration was stopped allegedly by staff nurse A, she was not on duty and another staff nurse R was on duty.

The patient was admitted on 11/3/23 at 5 am but oxygen was administration was started at 4:30 am which is ½ an hour prior to the hospitalization!

Patient c/o shortness of breath and oxygen was administered but Chest X-ray or HRCT chest have neither been advised nor billed, to assess the lungs, implying it has not been done.

Inj. Cefbact-S 1.5 gm has been used twice a day which is usually administered with Inj. NS 100ml, but it has been noted that Inj. NS has not been purchased, this raises a query as to how was Inj. Cefbact-S 1.5 gm administered to the patient.

Lab reports do not mention the name and qualification of the pathologist and the reports have not been signed by him/her or a lab technician. The reports have been signed by the treating but as per the Honorable Supreme Court and IRDAI, the lab reports must be signed by MD Pathologist, this shed doubt on the veracity of the lab reports.

The hospital has not taken advance payment, especially since he was admitted in ICU, and even if the patient confirms that he has not made any advance payment, usually hospitals take advance payment from the patient at the time of admission.

One of the diagnoses is Sepsis but the gold standard blood test Procalcitonin has not been done; and there is no evidence of any target organ damage to label it Sepsis. Thus, the diagnosis of Sepsis is not established.

The ICPs appear to be written in one handwriting and it does not have RMO notes and Nursing notes despite patient being admitted in an ICU.

The discrepancies noted above shed doubt on the veracity of the documents, veracity of the lab reports and on the veracity of the rationality in the management of the patient.

For details, drop in a mail to info@inchesgroup.com