NHS Borders

Communications & Engagement

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Freedom of Information request 173-22

Request

We would therefore like to submit a FOI request for the following information:

- 1. Do you have a policy and/or written procedures for how your trust responds to patients presenting at A&E with chest pain or suspected heart related conditions?
- 2. Do you have a policy and/or written procedures for managing suspected aortic dissection?
- 3. Do you have a policy and/or written procedures for managing aortic dissection once diagnosed? Please provide a copy of these
- 4. If you have a policy or procedures in place regarding aortic dissection, what is the trust's process for ensuring that all clinical staff are made aware and are reminded?
- If you provide training, please provide a copy of the training material. Do you have any training / induction to ensure that all staff are familiar with it?

Response

1. No, NHS Borders does not have written procedures for responding to patients presenting at A&E with chest pain or suspected heart related conditions.

Chest pain presentations to A&E are wide and varied, with many potentially serious underlying diagnoses; there are also a number of benign causes of chest pain which are only evident after review by the treating clinician. It is therefore not possible to have a cover-all policy or procedure for chest pain presentations and this information is not held, as defined in Section 17, Freedom of Information (Scotland) Act 2002.

Under Section 15 Duty to provide advice and assistance please note:

- Patients with chest pain or suspected heart related conditions will generally be assessed first by a nurse, who will conduct a set of physical observations (heart rate, blood pressure, oxygen saturations, respiratory rate, and temperature).
- All patients with chest pain or suspected heart related conditions will have an ECG done as soon as possible after arrival.
- All patients in the department are kept under regular review including telemetry monitoring, if this is felt to be indicated.
- If the patient is arriving by ambulance and is felt to be critically unwell or suffering from a time dependent condition, the department will be pre-notified by the ambulance crew and will be seen by a doctor and nurse on arrival
- Depending on the differential diagnosis for the patients clinical signs and symptoms, the treating clinician may order further tests which may include blood tests, x-rays or a CT scan

2. No, NHS Borders does not have a written procedure for managing suspected aortic dissection.

Aortic dissection presentations are wide and varied in terms of clinical signs and symptoms and not all are classic presentations. Pain and clinical symptoms can vary depending on the location of the dissection, and pain can be completely absent in between 5 and 15% of cases, therefore once again it is not possible to have a cover-all policy or procedure for this and this information is not held, as defined in Section 17, Freedom of Information (Scotland) Act 2002.

Under Section 15 Duty to provide advice and assistance please note:

- Patients with aortic dissection are diagnosed after cross sectional imaging, either performed with this specific diagnosis in mind or requested with an alternative diagnosis in mind.
- Once diagnosed NHS Borders seek advice from the appropriate tertiary specialist usually vascular
 or cardiothoracic surgeons. This will guide initial treatment and will include discussion about
 potential transfer for definitive care at the tertiary centre.
- 3. As per the above response.
- 4. Please see below for NHS Borders process for ensuring that all clinical staff are made aware of and reminded of aortic dissection:
 - As part of regular training we raise awareness of aortic dissection cases that have been through the department. Particularly where the presenting symptoms have been unusual.
 - Chest pain is also highlighted one of the high risk presentation by the Royal College of Emergency Medicine.
 - Patients from any of the groups below should be discussed with someone of ST4 or above, or equivalent grade. Although we do not have 24/7 Emergency medicine consultant cover we have equivalent grade doctors on most of the remaining time;
 - o Atraumatic chest pain in patients aged 30 years and over
 - Fever in children under 1 year of age
 - Patients making an unscheduled return to the ED with the same condition within 72 hours of discharge
 - o Abdominal pain in patients aged 70 years and over.
- 5. In addition raising awareness of high risk patients groups, the following resources are highlighted to staff:
 - https://www.thinkaorta.net/
 - https://www.rcemlearning.co.uk/reference/aortic-dissection/#1568112694684-545ea506-0704
 - https://rcem.ac.uk/wp-content/uploads/2021/12/Diagnosis_of_Thoracic_Aortic_dissection.pdf

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or foi.enquiries@borders.scot.nhs.uk.

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **173-22** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.