

COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

INVESTIGATION COMMITTEE DECISION

CENSURE: IC1203

DR. STEPHAN GERHARD KRESS

On November 3, 2010, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee of the College censured Dr. Kress with respect to his care and management of "X".

I. PREAMBLE

In any encounter with the patient, the physician must perform an examination appropriate to that patient's complaint. Failure to do so significantly increases the risk of failed diagnosis and potential for harm.

The physician must collaborate with other healthcare workers in order to provide quality care for the patient. In particular, this includes nursing staff who are in a position to more regularly assess a patient's status. A concern expressed by nursing staff about a change in the patient's status or about the failure of a prescribed treatment to have its intended effect should prompt a reassessment by the physician.

The medical record is an essential part of patient care. It should accurately reflect the historical and physical findings as well as document the assessment and treatment plan of the physician.

II. THE RELEVANT FACTS ARE:

1. X presented to the Emergency Department on January 24, 2007 with complaints of vomiting, diarrhea, chills and retching. X was seen by another physician at 11:15, and diagnosed with gastroenteritis. Orders given by that physician were for IV normal saline, 250 cc bolus, then 150 cc/hr. and IV 25 – 50 mg. of Gravol, and an abdominal x-ray.
2. The nurses' notes document:
 - a. at 11:20 the IV was established in X's right arm, and normal saline was infusing.
 - b. At 11:50 the 25 mg. of Gravol was administered.
 - c. At 11:55, X vomited.
 - d. At 14:10 X vomited.
 - e. At 16:00, X returned from x-ray where the x-ray could not be done due to X vomiting.
 - f. At 16:15, 25 mg. of Gravol was administered, and X's brief was changed for loose stool.

- pale compared to X's left arm.
- d. Dr. Kress told X and X's daughter that X most probably had the flu.
 - e. When X's daughter inquired of Dr. Kress about the arm, Dr. Kress stated that he was going to take the IV out and put it in the other arm and give X some morphine to help X with the pain.
9. The nurses' notes document that at 18:30, X reported that the pain to X's right elbow persisted and the medication had done nothing.
 10. The nurse states that she verbally reported to Dr. Kress that there had been no improvement with the morphine and Dr. Kress advised that the IV would have to be re-sited.
 11. The nurses' notes document that at 19:50, X complained she had “++” pain to X's right arm and that X's right arm was numb and tingly. The nurse noted that X could not make a fist and X's arm looked blanched. The nurse documented speaking to Dr. Kress, and Dr. Kress ordered that the IV be re-sited.
 12. Although the nurse who made the 19:50 entry stated that she verbally advised Dr. Kress of her findings as documented in her 19:50 note (i.e. significant pain, numbness, inability to make a fist, blanched arm), Dr. Kress denied having been so advised. Dr. Kress stated that at around 20:00 he was advised that the morphine did not appear to be effective, and so Dr. Kress ordered that the IV be re-sited. Dr. Kress admitted there must have been a miscommunication between him and the nurse. Both Dr. Kress and the nurse recollect that it was a very busy night in the emergency room and that the conversation was very brief.
 13. The nurses' notes document:
 - a. At 20:10, the IV was re-sited in X's left arm.
 - b. At 20:30, X's right arm was wrapped in warm wet towels. X stated that there was no relief from the pain with discontinuance of the IV in the right arm. Morphine, 20 mg. was administered.
 - c. At 21:40, X stated that X's arm felt the same, with no relief from the analgesic. The arm was cold to touch, blanched in colour. The nurse noted a radial pulse.
 - d. At 22:40, the internal medicine specialist attended for the consult, and observed X's right arm to be cold and pale. He noted a need to rule out a right humeral artery occlusion, and ordered a Doppler study of the right arm artery and initiated a vascular surgery consult. The internal medicine specialist described X's right arm as pale, pulseless and cold and he indicated reduced motor function.
 - e. At 23:45, the Doppler was done, with no radial or brachial pulse heard.
 - f. On January 25, 2007, at 00:50, X was transferred to a tertiary care center. Upon the vascular surgeon assessing X at approximately 2:30 a.m., X's right arm was noted to be pale, pulseless and ice cold. X had no spontaneous movement of the right arm and the surgeon was unable to bend X's arm into a straightened position.
 - g. Although brachial embolectomy was performed, the very late presentation of the ischemic arm impeded effective treatment and X underwent amputation above the elbow of the right arm.
 14. Dr. Kress made two late entries, dated January 26, 2007 at 16:15 and 16:30

respectively.

15. In the entry timed at 16:15, Dr. Kress documented:
 - a. That the patient described the pain to Dr. Kress as mild.
 - b. A physical examination of the patient conducted by Dr. Kress, with findings as follows:
 - i. a normal range of motion and no tenderness at the right elbow,
 - ii. strong distal radial and ulnar pulses felt on the right arm,
 - iii. right hand felt the same temperature as the left (not cold),
 - iv. right forearm and hand appear pink, similar in color to the left.
 - v. Slight tenderness to a localized area around the IV site.
16. In fact Dr. Kress did not recall whether X spoke or X's daughter spoke on X's behalf.
17. Dr. Kress admitted that he did not garb for isolation nor did he put on gloves when he examined X.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. KRESS' CARE AND MANAGEMENT OF X, IN PARTICULAR,

1. Dr. Kress did not conduct an adequate physical examination of X, when he was first asked to assess X in circumstances where a physical examination by a physician was mandatory.
2. When Dr. Kress was informed that the morphine ordered for X had not improved X's symptoms, Dr. Kress did not attend to reassess X in circumstances where a reassessment by a physician was mandatory.

In addition to appearing before the Investigation Committee to accept the censure, Dr. Kress paid the costs of the investigation in the amount of \$5,185.97.