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Mrs R Redman
HM Coroner Central and South East Kent
Elphicks Farmhouse
Hunton
Kent
ME15 0SB

20 August 2015

From the Chief Executive, Chris Bown

Dear Mrs Redman

Re: Patricia Holmes (deceased)

Following the conclusion of the Inquest hearing touching upon the death of Patricia Holmes on 24th June 2015 and pursuant to Paragraph 7, Schedule 5 of the Coroners and Justice Act 2009, and to Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, I set out below the actions and considerations taken by East Kent Hospitals University NHS Foundation Trust in respect of your findings.


Within your Regulation 28 Report dated 29th June 2015 you recommended that the Trust should have a protocol in place within the Accident and Emergency Departments to provide for the consideration of reversal of anticoagulation therapy in all cases where a patient has sustained trauma and is in receipt of this type of medication. In view of the importance of maintaining clinical autonomy and discretion whilst treating patients it is considered that an algorithm, which can be used to assist and guide the management of patients with trauma, is more appropriate than a protocol. Mrs Holmes' case related to that of chest trauma and the effects of the interaction of Synthromed® (acenocoumarol) with her injuries. The Emergency Department and Surgical staff have therefore looked at mitigating similar events for future patients who present with chest injuries rather than all trauma related injuries.

Prior to the inquest being resumed, the Trust had already disclosed to you a draft Chest Trauma Algorithm which was in the process of being approved at the time of the hearing. Since that time the draft documentation has been discussed with the Emergency Department Consultants across the Trust, the Clinical Lead for Surgery and the Clinical Lead for Governance in Emergency Medicine and the enclosed Chest Injury Algorithm has been approved and is now in place throughout the emergency departments of the Trust. The aim of the Algorithm is to safely triage, assess and treat patients with chest injuries, regardless of whether they are taking anticoagulation medication. 'Box 1' of the Algorithm specifically directs the reader to consider the reversal of anti-coagulation medication and to seek expert advice from the Trust's haematologists upon earlier confirmation of relevant criteria within the Algorithm.



I would like to take this opportunity to thank you for your letter and to reassure you that we have taken your comments on board and will continue our commitment to deliver a safe and effective service to our patients.

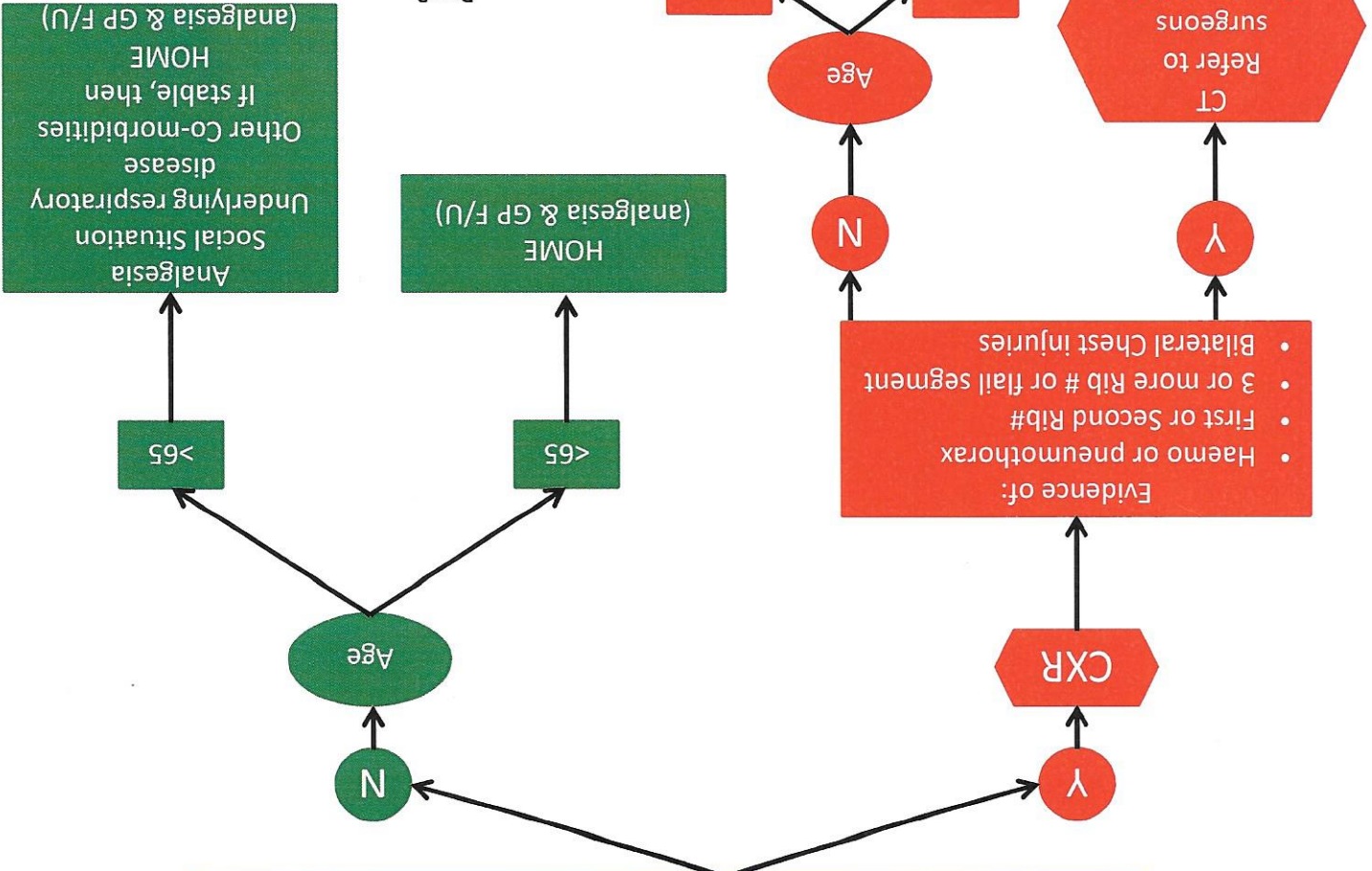
Yours sincerely


Chris Bawn
Chief Executive

Enc: Copy Chest Injury Algorithm

Any clinical evidence of:

1. Rib # (Crepitus or chest wall tenderness)
2. Difficulty in breathing
3. Pneumo or Haemothorax
4. Anticoagulation Therapy (eg: On warfarin, Sintrome, Rivaroxaban...)



Box 3

Thoracic Trauma Score (TTS)	
Age Score	<45: 1, 45-65: 2, >65: 3
Pulmonary Contusion Score	None: 0, Unilateral minor: 1, Bilateral minor: 2, Unilateral major: 3, Bilateral major: 4
Rib Score	<3 Rib#: 1, 3-5 Rib#: 2, >5 Rib#: 3
Bilateral Rib#	No: 0, Yes: 2

Box 2

- Analgesia
- Social Situation
- Underlying respiratory disease
- Other Co-morbidities
- Check clotting if anticoagulated
- Rule out any other significant injuries
- If significant mechanism of injury or concern please admit for observation

CONSIDER:

- Chest Physio
- Adequacy of pain control (ability to take a deep breath & cough)
- H with GP F/U

Box 1

- * Reversal of anti-coagulation. Seek expert advice from haematologist and see Berplex (PCC) protocol in Resus.
- * Rule out any other significant injuries
- * If significant mechanism of injury or concern please admit for observation

Box 2

Suggested criteria for admission:

- TTS 0-3 consider discharge
- TTS 3-6 admit
- TTS > 6 admit HDU referral
- * If admitted check Rib fracture guideline for analgesia