
After Action Review

AAR



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AAR

- Identify weak areas in practice
 - Not to blame anyone
 - Agree changes to avoid similar events
 - Communicate to patient “DoC”
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Sequence of Events

- Male pt., 78 Y Old
 - Previous History of Bowel Resection and Colostomy formation

 - Recent admission with subacute adhesive bowel obstruction 2 months ago, treated conservatively although needed 11 days to resolve.

 - On Warfare for AF, No other risk factors
 - INR: Therapeutic on admission

 - Admitted with a new onset of **Calcular Obstructive Jaundice**

 - **Seen in post-take WR:**
 - Stop Warfare
 - Given 10 mg of V.K
 - Repeat bloods and assess need for ERCP (After US)
 - Rising Bilirubin, so booked on the ERCP list
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Pt & ERCP

- Pt. had his ERCP and sphinctrotomy on 07.02 at 9:29 am.
 - He presented back to the ward and junior doctors were asked to review him as he had **fresh upper GI bleeding** of 100 ml.
 - Pt. was reviewed, start fluids and planned for close observation.
 - Pt. had **another 200 ml. of fresh** bleeding.
 - Pt. was reviewed again and nurses were advised to continue monitoring.
 - Immediately after, it was felt that the patient may be going home soon and hence was advised to have **5 mg. of Warfarin**.
 - Patient did get **concerned** and asked his doctor if that is the correct action at that point and he was reassured that he has to take his Warfarin.
 - Pt. did **continue to bleed** and was booked for an OGD
 - Pt. had an **OGD on 09.02.17** to find source of bleeding
 - Extensive amount of blood around ampula, site of sphinctrotomy, injection and attempting clipping.
 - Pt. was returned to the ward, was tachycardic and anaemic, Given X2 units of blood transfusion.
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Thursday WR

- Reviewed pt. and was surprised that this was never communicated to the caring consultant.
 - Carefully addressed the anticoagulant history :
 - Pt was given a therapeutic dose of **Enoxparin 120 mg**. the night before the procedure at **22:00** ,
 - **Less than even 12 hours** from the invasive procedure.
 - Enoxparin was **prescribed written under regular** medications and not in anticoagulant section.
 - It is not clear what happened in **Endoscopy** unit as this is a part of WHO check list.
 - Pt. was given the **Warfarin** despite being reviewed in X2 occasions for post procedure bleeding while no checking of bloods or clotting performed.
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What Could have been done better

- **Anticoagulants & DVT prophylaxis:**
 - **Protocol** is not clear for Junior Doctors
 - **Nurses** have great handovers and they know about pt. having an invasive procedure, They need to question “Therapeutic doses” in these patients
 - Any bleeding : **Check anticoagulants** & Drug Chart
 - Anticoagulants should “**Only be prescribed**” in the selected part of the drug chart.
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- **Pharmacy:**

- When a Therapeutic dose is prescribed, Can we add a box to tick on the drug chart:

- *Is the patient having any invasive procedures in the coming 24-48 hours ?* *Yes* **No**

- Very summarized Protocol.

- Any other **ideas** ?

- **Endoscopy & Theatre:**

- Checking for Anticoagulant is a vital step in the check list.
- Possible cause for missing: Different area of prescription.

- **Communication:**

- Caring Consultant
 - Nursing communication with Ward sister & caring Consultant
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What Else ?



Anticoagulants & Clotting Pathways

Thank You !
