

FINDINGS AND RECOMMENDATIONS

COURT DETAILS

Court State Coroner's Court of NSW
Case number 315/07

PROCEEDINGS

Inquest into the death of **George GODDEN**
Hearing dates 08/08/2011 - 12/5/11
Date of findings 12/08/2011
Place of findings State Coroners Court
44-46 Parramatta Road Glebe 2037
Findings of Deputy State Coroner, Magistrate Carmel Forbes

FINDINGS

I find that George Godden died on 22 February 2007 at Prince of Wales Hospital NSW, as a result of lignocaine toxicity following dental surgery with atherosclerotic and valvular heart disease being significant conditions contributing to his death. The lignocaine was administered to him in hospital when he was asked to bite down on a gauze soaked in co-phenylcaine (of which the active ingredient is lignocaine) for the purpose of stopping his bleeding gums.

RECOMMENDATIONS

1. To Minister for Health and Justice Health :

That the attached Prince of Wales Hospital protocol relating to management of the treatment for post-dental extraction bleeding and the bulletin "Co-phenylcaine Forte spray"(both documents attached) be provided to all hospitals within NSW with a view to the publication of the contents amongst clinical staff

2. To the Health Care Complaints Commission:

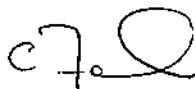
That the professional conduct of Dr T. Brown and Registered Nurse Shores be considered for its appropriateness.

REPRESENTATION

Assisting the coroner Ms K Stern
Representing the family In person, Unrepresented
Other parties Ms Lonergan for South Eastern Sydney and Illawarra Area Health Network.
Mr Gregg for Dr Brown

SIGNATURE

Signature



Name

Magistrate Carmel Forbes

Capacity

Deputy State Coroner

Date

12 August 2011

"A"

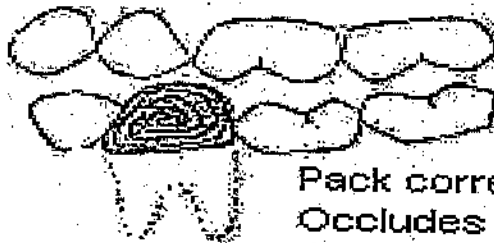
Department of Dental and Oral Surgery Treatment for post dental extraction bleeding

It is imperative that care be taken when caring for a patient post dental extraction. Patients are at risk of aspiration and choking if the gauze is not placed in the correct position. See figure 1.

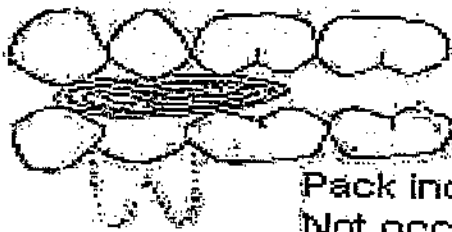
PROCEDURE

1. Clean the mouth and identify the site of bleeding.
2. Roll a square piece of gauze with extra-oral tag, moisten it with saline or water and apply to bleeding site. **DO NOT USE ANY OTHER SOLUTIONS.**
3. Get patient to bite hard onto the gauze or apply finger pressure for 10 minutes. Attach extra oral tag to patient's cheek with tape.
4. Ensure that the gauze is pressed onto the bleeding site, not adjacent teeth. Refer to figure 1 below.
5. Minimal rinsing for the first 24 hrs post op
6. Bleeding should cease within 10 minutes. The gauze should then be removed. If bleeding persists call dental clinic on 22245 or on-call dentist if after hours.
7. **DO NOT LEAVE PATIENT WITH GAUZE IN MOUTH UNATTENDED.**

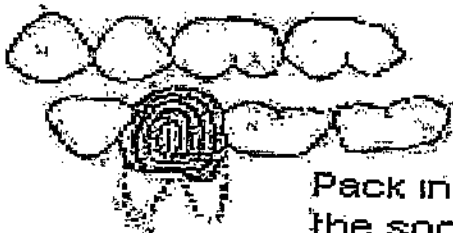
Figure 1: Placement of gauze packing post-dental extraction.
The gauze pressed against the socket stops the bleeding.



Pack correctly inserted
Occludes socket



Pack incorrectly inserted.
Not occluding socket.



Pack incorrectly placed in
the socket.

Memo

Trim Ref: ND10/3712

To: Medical and Nursing Staff

From: Dr Patrick Bolton, Director of Clinical Services (Medical)

Date: Thursday, December 2010 Telephone: 9382 2001

Subject: Use of Co-Phenylcaine® Forte Spray at POWH

CO-PHENYLCAINE FORTE® SPRAY

Contains: Active - Lignocaine hydrochloride 50 mg/mL, phenylephrine hydrochloride 5 mg/mL.
Inactive - Benzalkonium chloride 0.1 mg/mL (preservative), sodium phosphate monobasic, sodium metabisulfite, disodium edetate and sodium hydroxide or citric acid (to adjust pH).

INDICATIONS:

- Preparation of nasal mucosa for surgery or endoscopy.
- Aid the treatment of acute nose bleeds and removal of foreign bodies from the nose.
- Topical anaesthesia of the pharynx prior to direct or indirect laryngoscopy.
- Topical anaesthesia prior to endoscopy of the upper airways.

DOSAGE AND ADMINISTRATION:

Route of administration: nasal or pharyngeal. Do not exceed the recommended dosage regimens. Do not administer to children under 2 years of age. Doses are to be administered once only. **Adults, children over 12 years.** Up to 5 squirts per nostril. Each squirt measures 100 microlitres. A new nozzle spray attachment must be used for each patient.

PRECAUTIONS:

Elderly and debilitated patients should be given reduced dosages. Eating and drinking - the use of topical anaesthetic agents in the oral cavity and upper airway tissues may interfere with swallowing and thus enhance the danger of aspiration of food or drink. For this reason, food or drink should not be ingested within two hours of using local anaesthetics in the mouth area. Numbness of the tongue or buccal mucosa may increase the risk of trauma from hot drinks or biting.

Patients with cardiovascular diseases. Co-Phenylcaine Forte® should be given with caution to patients with cardiovascular disease, especially those suffering from hypertension, severe bradycardia, conduction disturbances or severe digitalis intoxication.

There is a small but transient increase in pulse (up to 12 beats per minute) and blood pressure (average 8.2 mmHg systolic and 7.5 mmHg diastolic) lasting for ten minutes after the administration of this medication to healthy individuals. This must be taken into account if this medication is given to hypertensive patients.

Co-Phenylcaine Forte® should also be used with caution on areas of broken skin in the nose or throat because of the risk in increased absorption of the active ingredients leading to higher drug levels in the blood.

Co-Phenylcaine® Forte Spray **MUST** be prescribed on the patient's medication chart.

For more detailed information refer to Approved Product Information: Co - Phenylcaine® Forte Topical Spray.

Regards,


Dr Patrick Bolton,
Director of Clinical Services (Medical), POWH.