Case 2: Sophia

Case for discussion

Sophia, aged 36, is 28 weeks into her first pregnancy. She contacts your surgery by telephone, saying she's been "leaking urine" for one day and is worried. It's a busy day and there are no routine appointments for the next 2 weeks.

Consider all the ways in which this contact might be handled in your practice. Who would speak to Sophia? How would the triage process and onward care be conducted? Talk about 'best case', 'standard case' and 'worst case' scenarios. Focus on access and triage issues, **not Sophia's clinical management.**

Consider what might happen if…

A. **The call handler places Sophia on the standard urinary tract infection (UTI) pathway**. Could this happen at your practice?
B. **The call handler notices from Sophia's record that she is pregnant**. How would a request for an apparent urinary problem be handled now?
C. **The call handler gives advice** (e.g. that a bit of leaking is normal in pregnancy and to call back if her symptoms persist). Could this scenario happen in your practice?
D. **The call handler is not sure how to deal with this** because it doesn't fit any of the standard protocols. Who would they ask for advice in such situations?

The safety incident

Sophia was managed according to a 'query UTI' protocol. The call handler and the clinician who phoned her back did not pick up that the leaking fluid was due to premature rupture of the membranes. A more detailed history with questioning prompts may have helped identify that the fluid loss could have been due to this and driven further urgent clinical assessment.

Sophia soon went into labour, and the opportunity to give early steroids to protect the lungs of the premature infant was missed.

*This case highlights how symptoms and signs can sometimes be **misinterpreted by patients** (in this case, amniotic fluid is assumed to be urine). A patient's telephone account requires **specific probing to build a differential diagnosis** and inform an appropriate course of action.*

Checklist for practice discussion

Might any routes for this patient have resulted in a safety incident in your practice? If so, what were they and how could you improve them?	☐
How are pregnant patients identified when they phone in?	☐
How are triage algorithms used in your practice? What systems are in place to prevent patients being allocated to 'wrong algorithm'?	☐
What systems are in place to identify rare but serious illnesses when patients seek care for an *apparently* mundane condition?	☐

Learning outcomes

On completion of this exercise, we hope that staff in your practice will be better able to:

1. Recognise the role of triage algorithms in supporting structured, evidence-based care *and* their potential contribution to misallocation or mismanagement.
2. Take steps to avoid staff slipping into familiar rules of thumb (e.g. assuming that all fluid leakage is due to urine) and support them to use imagination to consider all diagnostic possibilities, including rare and serious conditions.