

SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)

(Information is available about the complaints process [here](#) and about the Committee [here](#))

Dr. Hubert Ming Chee Wong (CPSO# 74750) (the Respondent)

INTRODUCTION

The Complainant took the Patient (aged six weeks) to a hospital Emergency Room (ER) two days in a row. During both visits, the Respondent (Nephrology and Paediatrics) attended to the Patient. At the first visit he diagnosed her with viral bronchiolitis (a common lung infection in infants, particularly in winter months) and administered two doses of oral morphine (the second one five minutes after the first because the infant had vomited the first dose). The Respondent then sent the infant home, where she had an apneic/hyopneic spell (in other words, had either stopped breathing or was breathing so slowly that it was not effective). Emergency Medical Services attended at the Patient's home and had to use a bag and mask to ventilate her and took her back to the ER, where she had an abnormal neurologic examination. The Respondent saw the infant at this time, and then handed her care over to the next paediatrician on call.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **failed to adequately investigate, manage, and treat the Patient's symptoms of fever and cough, including misdiagnosing the Patient with pertussis and inappropriately ordering oral morphine;**
- **failed to properly assess the Patient's vital signs before discharging her home shortly after receiving oral morphine;**
- **failed to appropriately manage the Patient's respiratory symptoms following her return to the ER, including failing to transfer the Patient to the Hospital for Sick Children (HSC) in a timely fashion; and,**
- **conducted himself in an unprofessional and uncaring manner.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of June 4, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to management of bronchiolitis, safe use of morphine

in infants, and management of respiratory symptoms in infants, including use or non-use of pharmaceuticals. The Committee also asked the Respondent to review relevant literature on these subjects and prepare a written summary.

COMMITTEE'S ANALYSIS

Concern about investigation, management and treatment

In the clinical circumstances, it was reasonable for the Respondent to consider pertussis (also known as whooping cough) in the differential diagnosis. However, the Respondent's history and physical examination were very limited. It was questionable to conclude that the Patient had bronchiolitis without further information to support there was nothing more serious underway. The Respondent mentioned high inpatient volume as a reason not to admit the Patient; this should never be a reason not to admit patients.

The Committee decided to caution the Respondent in person as set out above.

Concern about ordering morphine

Morphine is a respiratory depressant and should not be used in infants with bronchiolitis (which in itself can make a baby apneic) unless there is the ability to support the baby's breathing, which would generally mean admission to hospital with monitoring of respirations and oxygen saturation. The Respondent's decision to re-administer the morphine after the Patient vomited (and five minutes after the first dose) was also concerning. Further, while the Patient's vitals were taken after the morphine administration, this was done immediately. It usually takes minutes to hours for the full effect of this drug to occur, especially when given orally.

It was difficult for the Committee to understand why the Respondent used morphine (in the upper range of what is recommended for use in a child of the Patient's weight and age) in this clinical scenario, based on his response, where he does not explain his reasons except to say that the Patient had pain and discomfort from coughing. The Respondent does indicate he has made changes to his practice, including restricting the use of morphine in very young infants and having a lower threshold for monitoring children of this age regardless of the circumstances.

The Committee decided to caution the Respondent in person as set out above.

The Committee took no further action on the other areas of concern.