

## **SUMMARY**

### **DR. SAAD SARFRAZ (CPSO #87940)**

#### **1. Disposition**

On August 17, 2017, the Inquiries, Complaints and Reports Committee (the Committee) required family physician Dr. Sarfraz to appear before a panel of the Committee to be cautioned with respect to his failure to appreciate the seriousness of a penetrating injury to the neck and inadequate documentation.

#### **2. Introduction**

A family member of a patient complained to the College that Dr. Sarfraz failed to provide appropriate care to the patient, whose neck was accidentally pierced by a tree branch approximately three centimetres in diameter. The family member was concerned specifically that Dr. Sarfraz failed to provide a tetanus shot despite knowing that the patient had his last tetanus shot 14 years earlier, did not recommend intravenous antibiotics, did not recommend a swallowing evaluation before prescribing oral antibiotics and allowing the patient to eat and drink, did not refer the patient to a specialist or make recommendations for wound and dressing management, and did not follow up on the patient's care after receiving confirmation that the patient's CT scan report indicated a pharyngeal wall perforation.

In response to the complaint, Dr. Sarfraz noted that he consulted with the otolaryngologist on call for the region, who did not consider it necessary to assess the patient. Dr. Sarfraz noted that he received a verbal report from the radiologist indicating that the CT scan did not reveal a perforation of the pharynx but found free air in the neck. The radiologist was unable to identify the source of air. Dr. Sarfraz noted that the patient was able to swallow his saliva with some pain before being discharged from the hospital, and stated that oral antibiotics are the first line of treatment for prevention of infection.

### **3. Committee Process**

As part of this investigation, the Committee retained an Independent Opinion provider (IO provider) who specializes in emergency medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A Family Practice Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at [www.cpso.on.ca](http://www.cpso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

The IO provider concluded that Dr. Sarfraz's care in this case met the standard of care for an emergency physician practising in a community setting. The IO provider opined that Dr. Sarfraz's care did not display a lack of knowledge, skill or judgement and that his practice, behaviour or conduct does not expose his patients to harm or injury.

The Committee rejected the IO provider's conclusion that Dr. Sarfraz's care of the patient was appropriate. It was the Committee's view that Dr. Sarfraz's care was inadequate and exposed the patient to a significant risk of harm. A penetrating neck injury is a serious situation and assessment of such a wound should start with consideration of whether the platysma muscle has been cut, as a deep laceration would damage vital structures. A patient with a penetrating neck wound that shows retropharyngeal air and the possible presence of a foreign body should undergo immediate assessment by an otolaryngologist in the operating room and be placed on NPO (nothing by mouth) status. The Committee considered it fortunate that the patient in this case did not develop a retropharyngeal abscess because this condition has a high mortality rate.

In addition, the Committee found Dr. Sarfraz's documentation of his care to be inadequate in this case. His notes lack a detailed description of the wound and there is no mention that the patient coughed up sputum mixed with blood (which suggests perforation to the larynx or pharynx), as noted by nursing staff. Dr. Sarfraz failed to document the patient's difficulty swallowing and did not record the antibiotic he prescribed or the dose. Furthermore, he did not make note of his discussion with the otolaryngologist on call or his discharge instructions.

The Committee considered it inappropriate that Dr. Sarfraz did not immediately provide the tetanus vaccine. Infection is a strong possibility in a penetrating wound caused by an unclean wooden stick.

It was the Committee's view that Dr. Sarfraz should have offered intravenous antibiotics immediately in light of the suggestion from the CT scan that the patient had a possible perforated larynx and a foreign body in his throat.

While a formal swallowing assessment might not have been possible in the emergency department, Dr. Sarfraz should not have sent the patient home without first watching him swallow fluids and pills. This would have given Dr. Sarfraz a better sense of the patient's condition and given him additional information about whether there was a perforation of the pharynx, as the radiology report was not definite on this issue.

Dr. Sarfraz consulted with the otolaryngologist on call, but the specialist did not offer to assess the patient. The patient's condition strongly suggested that his pharynx had been perforated. The radiology report was not definitive about the possibility of a puncture in the pharynx but was very descriptive about prominent gas in the soft tissues. In the Committee's view, once Dr. Sarfraz received the report, he should have contacted the otolaryngologist again for another discussion. If Dr. Sarfraz was not satisfied with the advice he received from the specialist and believed that the patient's injury warranted urgent exploration by an otolaryngologist, he could have contacted another otolaryngologist rather than discharge the patient prematurely.

The Committee considered the caution and homework to be warranted in this case in light of the above-stated concerns with Dr. Sarfraz's care and management of the patient.