

DIAGNOSTIC SAFETY-NETTING

A net to catch you and the patient if things don't go as expected or you are not sure exactly what is wrong. We sometimes get things wrong, we see patients at the early stages of serious illness, common things are common but rare things do happen, the diagnosis is not always clear, patients are not always helpful or articulate, we are sometimes tired, irritable and rushed (Tip: plan your annual leave before you feel like this everyday).

Recent studies looking at our diagnostic processes have shown that we sometimes choose to ignore important historical & examination findings, if they do not fit in to our initial and more common/more benign/less complicated/less time consuming diagnosis.

Roger Neighbour defined safety-netting as three questions:

1. If I'm right (about the diagnosis) what do I expect to happen?
2. How will I know if I'm wrong?
3. What would I do then?

Three scenarios where safety-netting should be used in particular:

High Risk Clinical Situations

1. The diagnosis is uncertain and the differential diagnosis includes serious illness, particularly illness that can progress very rapidly.
2. The diagnosis is certain but carries a known risk of complications.
3. The patient (for reasons of age or co-morbidity) has an increased risk of serious illness or complications.

When does safety-netting go wrong?

1. It is not given at all.
2. It is not heard or understood; and
3. It is insufficiently specific about what to look out for or what to do.

Beware generic safety-net advice and non-specific 'SAFETY-NET' documentation. This is not easily defended when things do go wrong, and if you are worried about the patient and have taken the trouble to be specific then protect yourself and write it down. This also gives a good impression of you to others reading your notes.

What should safety-netting advice include?

- If you are uncertain about the diagnosis then tell the patient/parent. This helps them feel empowered to re-consult if needed. Many patients would prefer this approach, and they often sense that we are not sure any way.
- Tell them what exactly to look out for. If there are recognised complications that could develop, then say what they are and what to look for.
- Say what to expect about the time course. When should they be better? If they are not better in 2 days or 2 weeks is this a problem?
- Tell them how to seek help. Patients may feel they need permission to ring a 999 ambulance or go to the Out of Hours Centre. If you have said that they can do this, then they are more likely to seek help rather than sit at home getting worse over the bank holiday weekend.

Adapted from:

'Diagnostic Safety-Netting', Almond, Mant & Thompson. BJGP, Nov 2009