



# MAGISTRATES COURT *of* TASMANIA

## CORONIAL DIVISION

---

### **Record of Investigation into Death (Without Inquest)**

*Coroners Act 1995  
Coroners Rules 2006  
Rule 11*

I, Olivia McTaggart, Coroner, having investigated the death of Robert John Krushka

**Find, pursuant to Section 28(1) of the Coroners Act 1995, that**

- a) The identity of the deceased is Robert John Krushka.
- b) Mr Krushka was born on 16 April 1955 and was aged 66 years at his death. He lived at Fairway Rise (Southern Cross Care) nursing home in Lindisfarne. He suffered severe dementia and intellectual impairment. His other significant medical conditions included neurogenic bladder (requiring indwelling catheter), severe scoliosis, diverticulosis coli, pulmonary embolism and type II diabetes.

On 25 February 2022 Mr Krushka underwent a routine change of his indwelling urinary catheter. The change was traumatic with frank haematuria (visible blood in the urine) followed by anuria (absence of urine). Attending ambulance officers provided him with initial treatment. They were unable to flush the catheter and it was removed. Mr Krushka was noted to be febrile and hypotensive. After removal of the catheter, there was significant blood loss and Mr Krushka was transferred to the Royal Hobart Hospital emergency department. He exhibited signs of septic shock and polymicrobial bacteraemia was identified on blood cultures shortly after his hospital admission. He was provided with appropriate treatment but his condition deteriorated steadily and septicaemia was confirmed. In light of his poor prognosis, palliative care was commenced after discussions with family. He passed away on 1 March 2022.

- c) The cause of Mr Krushka's death was sepsis following bacteraemia caused by the transurethral catheter insertion. Upon autopsy, the forensic pathologist found no perforation or injury to his bladder.
- d) Mr Krushka died on 1 March 2022 at Hobart, Tasmania.

In making the above findings, I have had regard to the evidence gained in the investigation into Mr Robert Krushka's death. The evidence includes: the police and hospital reports of death for the coroner; affidavits confirming life extinct and identification; an opinion of the forensic pathologist regarding cause of death; and medical review by Dr A J Bell, coronial medical consultant.

### **Comments**

I am satisfied that there are no issues regarding Mr Krushka's catheter insertion or treatment generally connected to his death. In his report, the coronial medical consultant, Dr Anthony Bell, commented that changing an indwelling catheter at routine, fixed intervals is not recommended by the Centre for Disease Control and Prevention and the Infectious Diseases Society of America. Dr Bell stated that *"although there is a brief reduction in the density of bacteria found in the urine following catheter replacement, this is a short lived phenomenon of uncertain benefit. However, catheters with mechanical problems (poor drainage, encrusted) need to be replaced"*.

I do not make any formal recommendations in this investigation. However, I comment that it may be timely for all hospitals and medical practitioners involved in the routine replacement of urinary catheters to consider current research and literature and make any appropriate change in practice.

I convey my sincere condolences to the family and loved ones of Mr Krushka.

**Dated:** 13 October 2022 at Hobart Coroners Court in the State of Tasmania.

**Olivia McTaggart**  
**Coroner**