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# 19-year-old suffers painful death by cardiac infection

## Cardiologist was not called for 14 hours

## $1.6 million settlement


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An otherwise healthy 19-year-old was rushed by her mother to the defendant hospital's emergency room after she awoke with severe, stabbing chest pain and difficulty breathing following several days of gastrointestinal illness. A chest X-ray and EKG were normal.

The defendant ER physicians concluded that she was suffering dehydration and gastroenteritis. As a result, she was treated with intravenous fluids and medication for nausea and reflux.

She did not respond to substantial amount of IV fluids, and her condition did not improve over the next several hours. She was brought to the pediatric in-patient floor at 10:30 a.m. and came under the care of the pediatric resident and intern, as well as the patient's off-site attending pediatrician. However, she was not actually transferred to the pediatric unit from the ER until just before 3 p.m.

While in the ER, her vital signs were unstable, and the nurse stopped regularly recording her vitals for several hours before transfer. The medical records and patient's sister confirmed that she continued to have chest pain.

The pediatric resident and intern evaluated her in the ER, and the differential diagnosis included "pericarditis," a life-threatening but treatable heart condition. A second EKG read by the ER physician was noted as "abnormal" and evidenced pericardial effusion, or fluid buildup around her heart.

When she was eventually transferred to the pediatric floor, she was severely hypotensive and in shock. She was given substantially more fluid to improve her vitals, which also increased the amount of fluid around her heart and further limited its ability to pump.

The pediatric team determined she needed to get to the ICU "as soon as possible." The ICU resident and intern arrived, but for unexplained reasons she was not transferred to the ICU until 5:15 p.m., nearly two hours later. Also, she was not given any medication to improve her blood pressure. During that time, her neurologic status was worsening, and she became combative and incontinent.

Despite her severe chest pain, an abnormal EKG and possible pericarditis, a cardiologist was not consulted. The records indicate that the plan included an echocardiogram to "rule out myocarditis/pericarditis," but the test was never ordered. Instead, the interns and residents ordered tests for non-cardiac conditions.

When the patient was finally transferred to the ICU, she was unable to answer questions and was "thrashing about in bed." Restraints were placed on her wrists and she was given Haldol, an antipsychotic medication. She was given blood pressure medication but coded at 6:55 p.m.

A cardiologist was finally called around 7:10 p.m., more than 14 hours after she first presented to the hospital. An echocardiogram confirmed pericardial effusion, and the cardiologist drained a substantial amount of fluid from her heart. Despite nearly two hours of ad-

vanced cardiac life support, the patient was pronounced dead at 8:20 p.m.

An autopsy confirmed that the cause of the patient's death was "cardiac arrest due to myocarditis, viral in origin with pericarditis." It also revealed that she gained 30 pounds from the fluids she had been administered and had a substantial amount of fluid extracted from her heart and lungs.

The plaintiff maintained that continuous infusion of fluids essentially "pushed the patient over the edge." The plaintiff successfully opposed pre-trial motions to exclude the autopsy findings due to the death of the medical examiner.

The plaintiff retained a hospital administrator expert who concluded that the hospital failed to follow Department of Public Health regulations and other applicable standards of care. He also concluded that the hospital negligently failed to have policies in place that ensure adequate supervision, proper handoffs and continuity of care.

The defendants claimed that based on early normal test results, resolving chest pain and a second "borderline" EKG, the patient did not show signs of likely pericarditis. Instead, according to numerous experts for the defense, she presented with signs and symptoms of gastroenteritis and dehydration and suffered from an overwhelming infection that would have taken her life, irrespective of the treatment or lack thereof.

The defendants also asserted that the patient was properly monitored on a continuous basis and that she deteriorated too rapidly to reverse her course.

The plaintiff retained five experts, each of whom opined that the negligence of the hospital and numerous individuals involved in the patient's care and treatment contributed to her death.

The parties were unable to settle the case at mediation. The plaintiff settled against the hospital and ER attending with the mediator's ongoing assistance just before jury selection.

**Action:** Medical malpractice

**Injuries alleged:** Wrongful death

**Case name:** Withheld

**Court/case no.:** Withheld

**Jury and/or judge:** N/A (settled)

**Amount:** $1.6 million

**Date:** Sept. 5, 2013

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