>> MALPRACTICE COUNSEL

Commentary by
Francis L. Counselman, MD
ASSOCIATE EDITOR-IN-CHIEF

Neal E. Flomenbaum, MD
EDITOR-IN-CHIEF

Failure to Monitor Airway

A woman in her 60s presented to a Detroit hospital ED with complaints of a swollen tongue and neck. She reported that she was having difficulty swallowing and was spitting secretions.

The initial evaluation revealed that her tongue and lips were swollen to approximately 4 cm and brawny edema was evident in the neck area, with decreased flexibility because of the swelling. The defendant physicians ordered a saline lock and epinephrine nebulizer for possible airway obstruction.

Preoperative laboratory studies were ordered, and an airway cart was brought to the patient's bedside. An ENT physician noted that the patient's airway was clear but that she had subglottic edema. Transfer to the ICU was discussed but was not accomplished. The patient was diagnosed with impending airway obstruction.

Early the next morning, the woman experienced shortness of breath. Attempts at nasal intubation failed, and the patient was manually bagged. Attempts to view her airway with a laryngoscope were unsuccessful. The woman's pulse became undetectable, and she was eventually orally intubated and moved to the ICU. Five days later, she died. She was found to have anoxic encephalopathy and advanced anoxic central nervous system injury.

The plaintiff alleged that the physicians failed to closely monitor an impending airway obstruction and failed to intubate the decedent after that diagnosis was given. The defendants claimed that the decedent had failed to mitigate her own damages.

Outcome

According to a published report, a $450,000 settlement was reached.

Comment

While the EP was named in the suit, the problem in this case lies with the admitting physician(s). On occasion, patients require admission for "airway watch" (eg, epiglottitis, Ludwig's angina, angioedema). By definition, these patients are at risk for impending airway obstruction and need to be monitored closely. The only hospital location where these patients can be appropriately monitored is the ICU, as this type of monitoring cannot occur on the floor or even on a telemetry unit. **FLC**

Delays, Missteps in Care of Child

The parents of a developmentally disabled 4-year-old boy took him to a Pennsylvania ED because he was vomiting and running a fever. The child had a heart rate of 180 beats/min and a respiratory rate of 40 breaths/min, but the nurse returned the child to the waiting room. Two hours later, another nurse recorded the child's temperature, which revealed a fever. About 20 minutes later, a doctor saw the child and ordered acetaminophen and IV fluids stat. A nurse requested an IV team, but it was an hour later that the fluids were finally administered. A few minutes after the line was placed, the child experienced a seizure and cardiac arrest. He died within the next hour.

The child's adoptive mothers claimed that the hospital staff did not properly monitor the child's vital signs, particularly in light of the child's fever. The plaintiffs also claimed that the staff was negligent in waiting an hour to begin IV fluids when the order was "stat." The plaintiffs also maintained that acetaminophen was never administered, despite the "stat" order.

Outcome

A $1 million settlement was reached.

Comment

Making a sick, disabled child wait 2 hours for a recorded temperature, 20 minutes more for an acetaminophen order, and another hour for an IV and fluids, does not suggest that anyone really cared about this boy and probably led to the seven-digit settlement. **NEF**

Cases reprinted with permission from *Medical Malpractice Verdicts, Settlements and Experts*, Lewis Laska, Editor, (800) 298-6288.