

Fluid Overload: Hypoglycemic Neonate Seizes, Is Left With Neurological Injuries.

The newborn infant was transferred to the hospital's neonatal intensive care unit when hypoglycemia was first detected about three hours after he was born.

In intensive care a dextrose IV was started right away. Electrolytes were added to the dextrose nine hours later.

IV Therapy for Hypoglycemia Peripheral Line

Infusion of IV fluid with dextrose and electrolytes continued the next day through a line inserted into a peripheral vein. The infant's blood sugar levels did not improve despite the fact he was getting 12.5% dextrose and the infusion rate was gradually being increased.

Signs of Fluid Overload

The next day, the second day on peripheral IV fluids, the infant's fluid intake was 370 cc but output was only 81 cc.

By evening the infant's sodium had fallen to 122. Another sodium level at 11:00 p.m. was also 122.

During the night the infant began to experience episodes of apnea and bradycardia and his oxygen saturation dropped even while he was on O₂.

Early in the morning the infant had a seizure and intraventricular hemorrhage.

The parents' lawsuit in the Supreme Court, Queens County, New York accused the physicians of negligence for using a peripheral line.

A central line would have made possible infusion of a higher dextrose concentration. The nurse was faulted for failing to appreciate what was going on with fluid retention and low sodium levels reported by the lab.

The case settled during trial for \$3,990,000. **Frias v. King, 2008 WL 1959944** (Sup. Ct. Queens Co., New York, March 6, 2008).