LEGAL EAGLE EYE NEWSLETTER
For the Nursing Profession
February 2014 Volume 22 Number 2

Sepsis, Organ Failure: Court Faults Nurse Practitioner For Death Of Pediatric Patient.

The US District Court for the Southern District of Mississippi awarded the parents $1,903,000 as damages for the death of their twelve year-old son.

The boy's death resulted from a *Staph aureus* infection in his hip which went undiagnosed in an outpatient health clinic and led to sepsis and multiple organ failure.

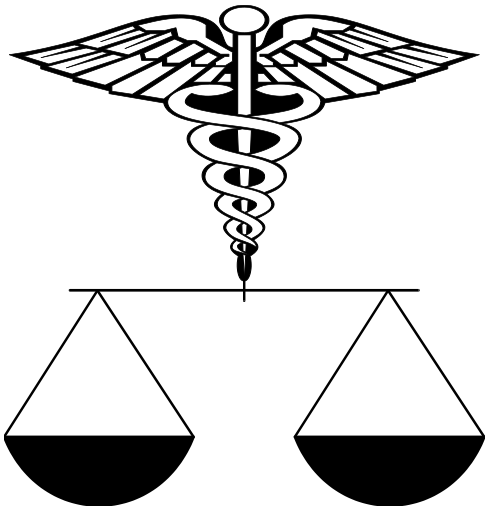
He died in a university hospital's pediatric ICU more than two months later where he was airlifted from a hospital emergency room the day after he was seen by a nurse practitioner in the clinic.

First Clinic Visit
Court Finds No Negligence

The boy had his head down on his desk and said he did not feel well. His teacher sent him to the school nurse. The school nurse took his temperature, which was normal, and called his mother to come and pick him up.

His mother took him to the clinic, a Federal health center operated by the US Department of Health and Human Services. The boy was seen by a nurse practitioner.

His chief complaint was left groin pain 3/10 for the prior two days. He was diagnosed with a muscle strain from a sports injury, injected with Toradol, prescribed Motrin and was told to apply ice to the affected area.



If the nurse practitioner at the health clinic had identified the boy's infection, treated it with antibiotics and transferred him to an appropriate medical facility, as was required by the standard of care, he would have survived.

When his parents got him to an emergency room the next day it was too late for antibiotics to save his life.

UNITED STATES DISTRICT COURT
MISSISSIPPI
December 20, 2013

The next day the mother called the clinic and was told to give the boy liquid Tylenol for his pain. The mother gave the medication as she was told.

In the ensuing court case both sides would agree and the Court would rule there was nothing substandard about the boy's care up to this point.

Court's Ruling Focuses On Negligence of Nurse Practitioner
Second Clinic Visit

The boy's father took him back to the clinic two days after his first visit.

He was seen by a certified family nurse practitioner, a different nurse practitioner than the one who saw him two days before.

The boy reported the pain in his hip was now 10/10. The nurse practitioner got an x-ray which showed no fractures.

The nurse practitioner ordered lab work. The white count was 6.1, within normal limits. Sed rate was 18, outside the normal of 4.5-13.5. Granulocytes were 95.1%, outside the normal range of 37-79% and lymphocytes were 2.9%, below the normal range of 20.0-45.0%.

Although the labs pointed to an infection, his temperature was 94.7°F.

The boy was also developing an erythematous skin rash, something new that was not present two days before.

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Sepsis, Court Faults Nurse Practitioner For Death Of Pediatric Patient (Continued.)

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After the nurse practitioner looked at the lab results and the x-ray, the boy was supposed to be seen by a physician, but no exam was documented in the chart.

A CT was ordered and read remotely by a radiologist in Houston, TX who did note in his report that the boy was unable to ambulate when he presented at the clinic. The radiologist saw fluid adjacent to the left greater trochanter which he related to possible bursitis or a bursal tear.

The nurse practitioner contacted a local orthopedist for an appointment Monday morning two days later and discharged the boy home with prescriptions for Benadryl, Tylenol and Lortab. Her diagnosis was possible bursitis or bursal tear.

The boy spent the rest of the day at home in bed unable to walk. The next day his parents took him to a hospital emergency room because he was having trouble breathing and had severe pain in his hip. The E.R. notes revealed he was profoundly neutropenic and in septic shock. He was given IV fluids and antibiotics. He was put in an ambulance for transfer to a university medical center, but the ambulance had to stop at another hospital's E.R. on the way and call for an emergency airlift.

Bacterial cultures at the university medical center showed the infection would have been treatable early on with broad-spectrum antibiotics. However, by that time he was in acute respiratory distress and already had ischemia in all his extremities due to poor perfusion.

He remained in the pediatric ICU for two months until he expired.

Lack of Fever

The Court discounted the clinical significance of the lack of fever at the second clinic visit, which the clinic insisted was a strong argument in defense of the nurse practitioner's failure to diagnose infection.

The Court said the combination of other signs and symptoms at the second visit should have directed the patient's providers to rule out a septic hip before he was discharged.

The Tylenol the boy was being given based on the first nurse practitioner's advice to the mother could account for the lack of fever, even with an infection.

The Court awards medical expenses of $894,493, the patient's lifetime lost earnings of $505,918, pain and suffering of $500,000 and $3,500 for funeral expenses.

UNITED STATES DISTRICT COURT
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The fact that Tylenol could have masked the presence of a fever, even with a serious *Staph* infection, according to the medical testimony, pointed the Court to a more alarming concern with the second nurse practitioner's care.

The second nurse practitioner could not account in her court testimony for the fact she neglected to access the chart from the clinic visit two days before, even though she knew he had been there for basically the same complaints.

Failure to check the prior signs and symptoms for comparison with the current was a serious departure from the standard of care, the Court said.

Vital Signs

At the second visit the boy's pulse was 150. His BP was 97/57, a significant decrease from 135/68 two days before. His pain level was 10/10, up from 3/10.

The physicians who testified as experts in the trial convinced the Court that significantly lower blood pressure along with increased pain should have led his caregivers to wonder if he was septic.

The experts explained that bacteria in the blood cause dilation of the blood vessels causing the heart to beat faster to maintain blood pressure.

The bottom line, again, was that the second nurse practitioner did not check the chart from the prior visit for comparison.

It was charted he was not weighed because he could not stand due to his pain.

Lethargy

When the second nurse practitioner first saw him he was asleep on the exam table. The experts testified that sleeping in the middle of the day is an abnormal sign of lethargy in a twelve year-old boy.

Erythematous Rash

The rash on the patient's arms was developing as he was being seen by the second nurse practitioner. According to the experts, development of a new rash is always suggestive of infection with organisms such as *Staph aureus* or Group A *Strep,* and should have pointed his caregivers to sepsis rather than a hip injury.

The Court went on to fault the nurse practitioner for failing to ask for further information that might account for the rash such as poison ivy or something new in his environment.

Fine Tremors

In her physical exam the second nurse practitioner found fine tremors in the patient's hands, which she correctly believed could have been a sign the patient was coming down with a fever.

The nurse testified she asked the physician to examine the boy. The physician testified he did examine the boy, but there was nothing documented in the chart.

The Court saw problems with the physician's credibility and discounted his testimony that he actually saw the boy, and, by implication, the second nurse practitioner's testimony she actually had the physician examine him. No documentation by the physician was a serious breach which more likely meant there was no examination.

Lab Work

The Court saw multiple indications in the routine lab work that the patient was possibly suffering from an infection. The standard of care at that point would require his caregivers to take steps to rule out infection, a possibly life-threatening differential diagnosis, *versus* an orthopedic injury which was relatively benign.

That was never done. The Court was convinced that the CT that was ordered and read by a radiologist was not a suitable method for differentiating systemic bacterial sepsis from an orthopedic injury.

The patient should have been referred to another facility with the means to aspirate the hip and culture the sample.

The clinic itself could have cultured his blood, done a throat culture or done a C-reactive protein test on site. **Chickaway v. US, 2013 WL 6805546 (S.D. Miss., December 20, 2013).**