

potensive and tachycardic. Laboratories were drawn and confirmed a normal white blood cell count, however, a dramatic left shift. The defendant physician alleged this information was never provided by the nurses. Conversely, the nurses described placing the information within the chart, and also verbally discussing the information at issue regarding the left shift with the physician.

The defendant physician came into the hospital during the evening to deliver a second patient. During that time, the records reflect the defendant visited with the patient, but made no documentation of the progressively abnormal vital signs over the previous hours. Additionally, despite the profound changes in vital signs, the nurses were not increasing the regularity of monitoring the patient. Accordingly, the plaintiff went through the evening with virtually no interventions whatsoever.

It was undisputed by the witnesses involved that the patient was septic at admission and progressed over the course of the evening into septic shock. The origin of this sepsis was through the airway and was "Group A" strep. The group A strep began as a localized throat infection, but progressed to a systemic blood born infection. The vital signs of the patient were a manifestation of the rapidly progressive sepsis through the plaintiff's system that evening. As the patient continued to decompensate, the infection began to spread towards the placenta. This presented two problems for the fetus - the fetus was subjected to chronic hypoperfusion, and the placenta was becoming damaged on the maternal side.

The defense attempted to make an argument that the infection was an intra-amniotic infection resulting in toxic shock. Plaintiff contended that the infection was not within the amniotic fluid, but on the maternal surface of the placenta, and that this was a new onset maternal born infection. Ultimately, the child was delivered by way of cesarean section the following morning, with no compromise to the child. Unfortunately, the mother went into DIC and was transferred to another medical facility, where she died.

Injury: Death.

The plaintiff was married and worked as a part-time physical therapist. In addition to the daughter born on the date at issue, she was survived by another 3-year-old daughter.

Result: \$4.8 million settlement.

Plaintiff's Expert Witnesses: Keith Beck, infectious disease, Cal.; Theonia Boyd, placental pathology, Boston, Mass.; John Burke, economist, Cleveland, Ohio; Harvey Rosen, economist, Cleveland, Ohio.

Plaintiff's Attorney: Jay Kelley and Steve Crandall of Elk & Elk, Mayfield Hts., Ohio.

Anonymous v. Anonymous, (Ohio Aug. 2004)

Pediatrics

\$4 Million Settlement In Suit Arising From Newborn's Kernicterus

A newborn child sustained kernicterus following discharge from the hospital. Kernicterus is a preventable life-long neurologic injury that results from untreated severe newborn jaundice. Since the advent of early discharge, kernicterus has reappeared. Jaundice is easily treated and the brain damage it causes prevented by phototherapy.

Until trial, the defendants contested the diagnosis of kernicterus, and raised an alternative cause for the outcome: an unpredictable infection.

Injury: Kernicterus (athetotic cerebral palsy).

Result: \$4 million structured settlement, with a guaranteed payout of over \$7 million and an expected payout of \$20 million.

Plaintiff's Expert Witnesses: Steven M. Shapiro, MD, Pediatric Neurology, Richmond, VA; Thomas B. Newman, MD, MPUI, Jaundice, Care of the Newborn, Hyperbilirubinemia, Kernicterus, San Francisco, CA; Vinod K. Bhutani, MD, Jaundice, Care of the Newborn, Hyperbilirubinemia, Kernicterus, Philadelphia, PA; Lois Johnson, MD, Jaundice, Care of the Newborn, Hyperbilirubinemia, Kernicterus, Philadelphia, PA; Ellen DeFlora, MD, Newborn Pediatrics, Raleigh, NC; James V. Volk, MD, Pediatrics, Fletcher, NC

Defendants' Expert Witnesses: Edward Lawson, MD, Neonatology, Raleigh, NC; Ronald Poland, MD, Newborn Nursing, Albuquerque, New Mexico; Lawrence Gartner, MD, Newborn Nursing, Valley Center, California; Douglas Clark, MD, Pediatrics, Durham, North Carolina; Jerry Bernstein, MD, Pediatrics, Raleigh, North Carolina

Plaintiff's Attorney: Tracy K. Lischer of Pulley, Watson, King & Lischer, P.A., Durham, N.C.

Anonymous v. Anonymous, (Durham N.C. 2004)

Primary Care

Defense Verdict In Suit Alleging Failure To Diagnose Vasculitis

This medical negligence claim was filed by Kathleen Taylor, the surviving spouse of a 63-year-old retired engineer who died of a heart attack on 01/20/03. They had two adult children, who also were parties to the lawsuit. The decedent worked previously as an engineer for General Dynamics. Mrs. Taylor contended that Dr. Pickard failed to diagnose vasculitis and that her husband's death was due to complications of the disease.

On 09/27/01, Dr. Pickard, a family practice physician, began seeing Mr. Taylor. The patient suffered from dia-