

MEDICAL RECORDS AND CASE REVIEW CONSULTATION

DATE OF REPORT: 2/20/2007

DATE OF REVIEW: 2/19/2007

CLIENT: XXXXXX and XXXXX, PA

ATTORNEY: XXXX XXXXX, Esq.

TYPE OF REVIEW: Full Review – *Preliminary Report*

SUBJECT: XXXXX XXXXX

RECORDS REVIEWED: 500 photocopied pages, 12/24/2004 to 12/27/2004

Hospitalization records of XXXX Hospital, XXXXXX, FL; Assorted medical from XXXX ER staff (illegible resident/attending), Drs. Xrian Xiss (FP); Xaj Xair (res Surg), Xaul Xharron (res Surg), Xoward Xmith, (Surg); Xonali Xakhani (res-Med trauma); Xrnest Xlock (Surg), Xriscoll (Surg); Xcott Xhoedler (Rad); Xosha Xrown (Res), OR Xonzalez, (Path, Autopsy); Xppleblatt (Anes); Xlugman (Surg/Hand); Illegible (ICU/CCU); Xerenzo (Lab); Ximenez, Xarvat, Xpreitzer (misc. MD orders); Ms. Xairns, Xcully (nursing)

EXECUTIVE SUMMARY:

This is a case of a 17 year old caucasian male who present to the XXXX ER at 4:11pm 12/24 with abdominal pain and was treated then admitted and medically then surgically managed until he evidenced septic shock and during a exploratory operation for suspected gastric perforation he had a cardiac arrest and eventually died in the ICU at 12/27 1045 pm under DNR orders.

The records provided are sufficient for raising suspicion of failure to treat in a timely manner the suspected and later verified gastric rupture which is a surgical emergency. The past history of XXXXX XXXX Syndrome, known association with gastric paresis/distension/perforation, classic ER presentation, initial and serial examinations verifying acute abdomen status, radiological and laboratory correlation of GI sepsis/peritonitis, clinical course masking by misuse use of morphine in a surgical abdomen setting, delay in full ID medical treatment of suspected GI perforation and contaminate sepsis as well as surgical intervention, all contributed to the patient's demise. The record shows that numerous abnormal tests escalated the suspicion of gastric perforation and sepsis and this was not treated expeditiously as the surgical emergency it clearly was.

The establishment of "probable cause" in my opinion, for establishing, by preponderance of the evidence, any medical negligence, will require a timeline of the medical and nursing assessments and interventions compared to published standard of medical care in the regional level I trauma setting and academic medical-surgical staff. Imaging, ER, GI

medicine and general surgical experts will testify by corroboration of this timeline that “red flag” alerts were not expeditiously acted upon. These alerts included XXXXX
XXXXX suspicion of X-X gastric paresis complications after hyperphagia, observed abdominal free air and fluid with acute pain/distension, progressive PMN leucocytosis, and other markers of fulminate GI sepsis and impending shock. The records reveal the classic morbidity and mortality of the XXXXX XXXXX patient after hyperphagia.

These stipulated records and reexamination of all stipulated films and labs will provide the basis for this case to show probable cause of medical negligence and allow for reasonable expectation of a jury verdict.

CONCLUSIONS:

1. The medical record **does** document errors of omission by failing to treat X-X and “but for” these errors mortality within medical probability may have been avoided.
2. The medical record **does** document departure from the acceptable local standard of medical care from the records reviewed and by the regional standard of care as published in XXXX, X.X et al. “X-X and acute polyphagia: a surgical emergency” XXXX, Vol. XXX, pp. XXX-XXX, and the opinion of the reviewer.

RECOMMENDATIONS:

Further medical records review and expert procurement are necessary to demonstrate the following:

1. Timeline construction of 12/24 to 12/27 of the clinical presentation, interventions and outcomes with reference to alternative measures via expert opinion.
2. Identification of experts to acknowledge the failures to timely treat in this case with the expression of probable certainty that such alternative intervention would changed the mortality outcome. (I can assist in identifying an academic adolescent medicine specialist in X-X, radiologist and surgeon published in management of the acute abdomen in X-X patient.)

Upon procurement of the aforementioned timeline (I can do this) as well as coordinating the experts for imaging film, labs, timeline corroboration , I am again available to further assist you in this matter.

I appreciate the opportunity to assist you with this case. I can be of further litigation assistance in this matter so please contact me. I believe our further involvement in this case may be of benefit to your cause. We hope it will be a successful litigation for your client and your firm.

XXXXX XXXXXXXXXX, MD, FXXX
Legal Medicine Consultant