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# Case No. 20 - Diagnosis and Treatment of Meningitis in a 3 Week Old Child who Sustained a Spinal Cord Infarct Following a Cardiac Arrest

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CASE NO. 20

DIAGNOSIS AND TREATMENT OF MENINGITIS IN A 3 WEEK OLD CHILD WHO SUSTAINED A SPINAL CORD INFARCT FOLLOWING A CARDIAC ARREST

Mrs. Johnson brought her 3-week old daughter Melissa to the office of her regular pediatricians, Doctors Smith and Jones. Dr. Smith and Jones were qualified Board Certified Pediatricians who were attending physicians with admitting privileges at the University Hospital.

At 9:00 a.m. Dr. Smith examined Melissa. He had a history that Melissa has been running a temperature, not eating and has been "inconsolable". Dr. Smith found that although Melissa was obviously sick, she likely had only a viral illness which would run its course, but referred Mrs. Johnson to the University Hospital for a workup to make certain that Melissa did not have something serious such as a meningitis.

Dr. Smith saw no evidence of a meningitis. In fact, Melissa's vital signs are stable, she was awake, alert, moving her arms and legs and had no evidence of a neurological problem.

Mrs. Johnson arrives at the University Hospital emergency room at 10:00 a.m. and at 10:30 Melissa was seen by her other pediatrician, Dr. Jones, who was at the hospital. Dr. Jones examined Melissa and found that she was stable and there are no abnormal neurologic findings.

Dr. Jones left the diagnostic workup to a second year junior resident, Dr. Prentis.

Dr. Prentis' physical exam was still consistent in what had been previously found. Dr. Prentis proceeded to do the workup which included a spinal tap.

Dr. Prentis performed the spinal tap in a technically proficient manner, withdrew the fluid and found evidence of meningitis. Dr. Prentis started Melissa on a standard intravenous antibiotic.

Melissa was still stable and had no evidence of a focal neurologic abnormality. Dr. Prentis decided to transfer Melissa to a regular room rather than the Pediatric Intensive Care Unit.

Dr. Prentis was aware that Melissa would not be continuously monitored in a regular room as she would be in the Intensive Care Unit but felt that in the exercise of her judgment Melissa did not need the Intensive Care Unit.

Dr. Prentis made this decision to transfer Melissa to a regular room rather than the Intensive Care Unit on her own initiative without checking with either Dr. Smith, Dr. Jones or any senior hospital physician.

Dr. Prentis understood that the hospital had no specific practice or procedure as to whether a child with meningitis should go directly to the Intensive Care Unit or to a regular room. Dr. Prentis felt that on her own initiative Melissa could go to a regular room because she was still stable.

Melissa arrived in a regular hospital room at 2:30 p.m. As part of standard hospital procedure, there was an admission examination performed at that time by a third year pediatric resident, Dr. Hall. Dr. Hall's examination found that Melissa was still stable (breathing and vital signs were normal); Melissa was still awake and moving her arms and legs, but Melissa had become lethargic and had developed evidence of abnormal reflexes revealed on Dr. Hall's exam.

Dr. Hall did not transfer Melissa to the Intensive Care Unit; Dr. Hall did not check with either Dr. Jones or Dr. Smith or Dr. Prentis or any senior hospital doctor to compare the lethargy and abnormal reflexes with what had been found on prior exams.

Dr. Hall's rationale was that her job was simply to do a physical examination and since there was no acute emergency or crisis at that moment there was nothing further for her to do. Dr. Hall assumed that it was appropriate for Melissa to be in a regular room, rather than the Intensive Care Unit, because someone else had made that decision.

Melissa remained in a regular room without any monitoring. At 5:30 p.m., Melissa had a cardiopulmonary arrest. She stopped breathing and her heart stopped beating. Her mother called the staff and they resuscitated Melissa. Following resuscitation, Melissa's blood pressure was low. She was given medication to restore her to normal blood pressures. Having stabilized Melissa, she was transferred to the Intensive Care Unit where she

was placed on a respirator and monitored moment to moment. With the monitoring and supportive treatment in the Intensive Care Unit, Melissa remained stable. In other words, her breathing, her blood pressure and pulse remained normal thereafter.

When Melissa arrived in the Intensive Care Unit, she was unconscious. When Melissa recovered, they observed that she was not moving her legs. Tragically, they learned Melissa had an infarct of her spinal cord and could not walk. Melissa's parents were told the infarct occurred when Melissa's blood pressure dropped and her pulse stopped.