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Case No. 23 - Hypertensive Brain Bleed in a 10 year old with Undiagnosed Kidney Disease

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HYPERTENSIVE BRAIN BLEED IN A 10 YEAR OLD
WITH UNDIAGNOSED KIDNEY DISEASE

In 1995, the Western Hospital established an Outpatient Ambulatory Care Clinic entitled the Western Hospital Ambulatory Clinic. The Western Hospital contracted with Mitchell Medical Services to furnish pediatric staff. Mitchell Medical Services furnished Dr. John Frank who is a board certified pediatrician.

On June 3, 1995, Tara Grant, then age eight, was brought by her mother, Terry Grant, to the Western Hospital Ambulatory Clinic for a school required checkup. Dr. Frank performed the examination and evaluation and filled out a form giving Tara a "clean bill of health". The record, however, reflects that a urine test revealed "three plus protein in the urine".

"Three plus protein in the urine" is an abnormal finding. The most significant aspect is that it can be an early sign of a progressive kidney disease that could lead to kidney failure.

Dr. Frank again saw Tara on December 12, 1995 for a "check-up". Dr. Frank never ordered any repeat urine evaluation or any medical work up and never advised Terry Grant there was any abnormality or any possible kidney medical issue.

On December 3, 1997, Tara was admitted to the Eastern Hospital with a diagnosis of End Stage Renal Disease (ESRD) which was caused by an underlying kidney disease that had been progressively damaging Tara's kidneys for a number of years. The kidney damage ultimately produced overt signs and symptoms a few weeks prior to December 3, 1997 which led to Tara's admission to Eastern Hospital.

Associated with Tara's ESRD was a dangerously high blood pressure (malignant hypertension). With malignant hypertension the blood pressure can rise to a dangerously high level which can produce a brain bleed and brain damage.

Tara was initially admitted on December 3, 1997 to the Eastern Hospital Pediatric Intensive Care Unit (PICU) for acute emergency care which included dialysis. On December 12, 1997 Tara was transferred to the regular pediatric floor. The Eastern Hospital assigned David Snow, M.D. to be her attending pediatric kidney doctor (nephrologist). Dr. Snow's plan was to transition Tara into

a once a day dialysis to control the underlying hypertension so that Tara could be discharged home and then eventually get a kidney transplant. The once a day dialysis, however, was not scheduled to start until after Christmas Day on December 26, 1998. In the interim Tara was experiencing dangerously high spikes in her blood pressure.

On Christmas Day, December 25th, 1997, Tara was given oral anti-hypertensive medication at 8:00 a.m. She was scheduled for another dose of the oral anti-hypertensive medication 12 hours later at 8:00 p.m. Nurse Jane Jones documented at 7:00 p.m. that Tara's blood pressure was low (70/40). Nurse Jones did not, however, repeat the blood pressure (as was customary) and no medical reason for a low blood pressure existed (as the 8:00 a.m. medications would be wearing off and thus 11 hours later the blood pressure would be expected to rise and not fall).

Dr. Joan White, the senior resident, called Dr. Snow at home. Dr. Snow advised that they hold the evening anti-hypertensive medication until Tara's blood pressure would rise back into an acceptable range. No instructions were given as to how frequently Tara's blood pressure should be monitored or what blood pressure level would be acceptable to trigger the medication. By midnight Tara was experiencing headache, dizziness, shortness of breath, and stomach pain all of which were signs and symptoms of a dangerously high blood pressure affecting Tara's brain. At that time her blood pressure was high (168/110) and the resident, Dr. White, gave Tara the oral anti-hypertensive medication previously scheduled for 8:00 p.m. However, because of associated nausea Tara threw up the medication.

At 1:40 a.m. Tara was found to be unresponsive and her blood pressure was noted to be 230/140. It wasn't until after 2:00 a.m. that an intravenous was established and anti-hypertensive medications were "pushed" into Tara on a STAT emergency basis. Tara's blood pressure then quickly came back down into a safe range. A brain CAT Scan revealed a massive brain bleed requiring brain surgery to remove a large blood clot.

Tara ultimately received a successful kidney transplant but has been paralyzed and confined to a wheelchair because of her brain bleed (stroke).