

Commentary by Francis L. Counselman, MD, Associate Editor-In-Chief | Neal E. Flomenbaum, MD, Editor-In-Chief

Missed Heart Problem Results in Death

A 37-year-old man went to a Pennsylvania emergency department in April 2007 with sharp pain in his throat and the upper central area of his abdomen. He was seen by Dr. H., who diagnosed pneumonia. Nineteen hours after discharge from the ED, the man died of cardiac tamponade.

The plaintiff claimed that Dr. H. should have diagnosed a heart problem and consulted a cardiologist. The hospital radiologist's report indicated no signs of pneumonia on chest x-rays; however, Dr. H. reported finding evidence of pneumonia.

Dr. H. claimed that cardiac tamponade was not indicated, because the decedent's heart did not exhibit the sounds associated with inflammation of the pericardium, and an ECG did not demonstrate such inflammation, either. Dr. H. also claimed that the decedent's chest pain was accompanied by a productive cough, which is generally not associated with cardiac disease. Dr. H. also maintained that the decedent had no history of coronary artery disease, heart attack, or hypertension.

Outcome

A jury returned a \$1.83 million verdict, which included \$738,500 for wrongful death damages and \$1.09 million in survival damages. Post-trial motions were pending.

Comment

An emergency physician often must be able to rapidly recognize and treat an ill patient based on little or no information. Conversely, good EPs must also be ready to discard an initial "working" diagnosis when the facts don't support it.

If a patient with atypical pains and a negative chest x-ray also has a normal WBC count and temperature, the initial diagnosis of pneumonia would be highly unlikely, and the EP should consider or *reconsider* more serious causes of chest pain, such as an MI. **NF**

Did Woman With Swollen Tongue Need Ambulance Transfer?

A 62-year-old woman went to an urgent care facility in Kansas with a swollen throat and tongue in October 2006. She was seen by a nurse practitioner, who referred her to a local medical center. The patient was driven there by her granddaughter.

On arrival at the hospital, the patient was struggling to breathe, and her tongue was extremely swollen. She was seen by emergency physician Dr. E., who tried twice to intubate her, then performed a cricothyrotomy. The woman went into cardiac arrest and died.

The plaintiff claimed that the NP should have called 911 and requested an ambulance for transport to the hospital. The plaintiff maintained that the hospital failed to immediately take the patient to an examination room and initiate treatment. As for Dr. E., the plaintiff claimed a failure to immediately administer epinephrine and a failure to move directly to a cricothyrotomy when the first intubation failed.

The NP claimed that a proper assessment was made and that transport by private vehicle was faster than an ambulance. She also claimed that the use of an ambulance would not have made any difference in the outcome, because the decedent was still breathing on arrival at the hospital.

The hospital claimed that the nurses immediately recognized the severity of the decedent's condition and promptly took her back to be seen by Dr. E. Dr. E. claimed that epinephrine was not indicated, because the decedent was suffering from ACE inhibitor-induced angioedema and intubation was the proper treatment.

Outcome

A settlement was reached with the urgent care center, and a defense verdict was returned for Dr. E.

Comment

New, freestanding urgent care centers are opening at a rapid rate to address the needs of the increasing number of patients seeking acute care. It would not be surprising if the number of medical malpractice suits involving urgent care centers also increases in the future.

Two concerns are highlighted by this case: the importance of quickly recognizing a patient who is too ill to be safely managed anywhere other than in a hospital ED, and how best to rapidly and safely transport such a patient to an ED.

A harbinger of things to come? We'll soon find out. **NF**

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