

The Adena and Ohio State Emergency Medicine Residencies present:

**AN EMERGENCY MEDICINE MOCK TRIAL
A 47-year-old woman with acute respiratory distress**

Goals:

1. Review approach to evaluation, management, and critical care aspects of the presentation of patients with shortness of breath
2. Explore the legal implications with a poor medical outcome
3. Observe process of an actual trial and jury decisions in medical malpractice litigation

Faculty:

- A. Moderator/Judge: Mike Weinstock (Adena EM/OSU EM)
- B. Physician defendant: Bob Culley DO, 3rd year EM resident Adena
- C. Plaintiff attorney: Mark Kitrick (Columbus plaintiff attorney)
- D. Plaintiff Expert: Colin Kaide (Assoc Prof OSU EM)
- E. Defense attorney: Julia Turner (OSU defense attorney)
- F. Defense Expert: Mike Pallaci (Adena EM PD)

Format:

I. Overview (Weinstock) – 11:00-11:05

- A. Goals – Why this is important
- B. What is needed to prove malpractice
- C. Typically, malpractice is failure to diagnose but this case hinges on timeliness of diagnosis (and we will also discuss documentation)
- D. Format for the day
- E. Participants

II. Attorney info

- A. Plaintiff (Kitrick) – 11:05-11:10
 1. How do you decide if you take a case?
 2. How do you decide how much to ask for (if you settle)?
 3. How do you find experts?
- B. Defense (Turner) – 11:10-11:15
 1. How do you decide if you take a case to trial or settle?
 2. What makes a good witness?
 3. How do you learn the medicine for the case?

III. Description of case + Allegations (MW) – 11:15-11:25 (this may be a little shorter)

- C. Moderator: 22:59 – Presents to ED per EMS with complaints of lightheadedness, throat tightness, and a red rash. She has minimal SOB but no chest pain or diaphoresis

- D. Patient says, “I went to my doctor’s office this morning and was Zoloft for depression and avelox for my sinus infection
- E. Doctor asks, “what sx do you have?”
- F. Pt says, “my throat is tight and I feel lightheaded”
- G. vital signs: Time 23:20 - Pulse 75, Respir 16, BP 73/27, O2 sat 99% on 4L NC
- H. Doctor/Culley (yells out): I needs give epi 0.3mg SQ, Benadryl 50mg IV, Pepcid 20mg IV, decadron 10mg IV, and glucagon 1mg IV
- I. Moderator (MW):
4. Pt remains groggy and BP has not improved. PCXR read as showing “extensive pulmonary edema”
 5. Pt is now pale and diaphoretic, and starts to vomit
 6. **The story continues (23:36):** The nurse is unable to start the IV so gets a tech who is good with the ultrasound. While they are attempting to find the vein, the monitor alarms, as the pulse ox has dropped to 88%, even with 4L oxygen per nasal cannula. The nurse calls respiratory who places a non-rebreather mask with minimal improvement in the oxygen saturation to 91%. The nurse calls you into the room.
 7. **(23:38):** Checking in on the patient, her mental status has now decreased; the patient is now able to answer only simple questions and is difficult to arouse. After multiple attempts, a left AC 18g IV is established. Heart rate transiently drops into the 40’s, then improves. Her repeat vital signs are:
- J. Doctor/Culley (yells out): Epinephrine drip at 2mcg/min and glucagon 2mg IVP, duoneb. Page the intensivist. Increase the epinephrine drip to 4mcg/min
- K. Moderator (MW): The pt remains hypotensive and groggy. (00:08) ABG shows: 7.24/40/43 on 6L NC. Places a right femoral central line
- L. Stat page to anesthesia as difficult intubation is anticipated. Unable to maintain O2 sat and pt is bagged in anticipation of airway control. (01:08) - Etomidate 20mg and succinylcholine 100mg IVP.
- M. Doctor/Culley – Act out attempt at intubation – “I can’t get it!”
- N. EP unable to intubate despite 3 attempts. Anesthesia unable to intubate despite attempt nasotrach and with bougie. Vitals after recovery from meds P 100, RR 36, BP 108/palp, Sat 88-92% on Non rebreather mask (100% O2). After intubation attempts pt vomits. BP soon decreases to systolic 78 and the systolic 54
- O. Doctor/Culley: Lasix 20mg IVP, foley catheter, unasyn 3g IV, Levaquin 750mg IV. Increase the epi drip to 10mcg/min

P. **John this is slide #3: vital signs and additional orders

Q. Moderator (MW): describes conclusion of case and summarizes entire case

1. **(02:06):** We did let the sedation wear off and her stats were up in the high 80s to low 90s. Anesthesia has been at the bedside and does not feel any further attempts are needed. I again discussed with the intensivist and we will discuss with ENT with the tracheostomy kit at the bedside.
2. **(02:14):** ENT at the bedside
3. **(02:42):** Patient is orally tubed with LMA by anesthesia. Patient is then intubated with fiberoptic laryngoscope through the LMA by ENT with a #7 endotracheal tube.