Medical Consultant Report and Summary

Case No: MD-[redacted] **Physician: [redacted]**
Date: June 13, 2009 **Medical Consultant: [redacted]**

1. **Detailed (Chronological) Analysis:**

On 11/2/2005 at approximately 18:45, a 5 month old infant with no significant past medical history, was reported by his grandparents to have fallen off a bed hitting his head on a tile floor. They took him to the Emergency Room at [redacted] Hospital where an evaluation by the attending physician was performed, including a skull xray read as normal. The patient was discharged, but was brought back to the Emergency Room several hours later with increasing irritability, swelling of the scalp, and vomiting. The same ER physician evaluated the patient and a CT of the head at 12:50 am revealed a large epidural hematoma, acute, with mass effect and shift of the brain. A transfer request was made to [redacted] Hospital and the patient arrived at 2:33 am.

Dr. [redacted] discussed the case with the resident physician on call in the hospital when the patient arrived at [redacted] Hospital, approximately seven and a half hours after the injury. His report indicates that the patient demonstrated evidence of brainstem herniation, including presence of posturing motor responses. The patient was treated with emergency surgical intervention, consisting of a craniotomy to evacuate the hematoma.

At surgery, the patient was found to have a massive acute epidural hematoma consisting of nearly a third of the inctracranial volume. Postoperatively the patient did not fully recover and suffered significant neurological injury.

2. **Proposed Standard(s) of Care:**

The standard of care for an infant presenting with a history of a closed head injury, neurological symptoms, and a large acute epidural hematoma on imaging is surgical evacuation. Generally, this is undertaken in an urgent fashion as sudden neurological deterioration can occur even in patients who are relatively asymptomatic on initial presentation. For large hematomas in patients with evidence of neurological injury, emergent surgery is essential if there is to be any hope of functional recovery.

3. **Deviation from the Standard of Care:**

There was no deviation from the standard of care by Dr. [redacted] All the parameters set forth above were met. He was prompt in his response to the condition of the patient when he became aware of it and his decision making was sound. There was no delay in care which would have in any way impacted on the outcome of the patient.

4. **Actual Harm Identified:**

There was no actual harm to this patient from Dr. [redacted] neurosurgical care.

5. Potential Harm Identified:

Minor criticisms of the evaluation include the timeliness of access intravenously provided to the patient and the discussion with the anesthesiologist regarding the need for transfusion. The patient did complete surgery at the Trauma center acidotic and anemic, which would generally indicate a need for correction through improved oxygenation and administration of blood products. However, in this case, no preoperative levels were available and it is unclear what the condition of this patient was on arrival. Additional evaluation was apparently performed in the [redacted] Hospitals emergency department which included a necessity for reintubation. There is no evidence that Dr. [redacted] was responsible for any delay after arrival to the emergency department.

6. Aggravating Factor(s):

None identified

7. Mitigating Factor(s):

The fact that the patient did not present to Neurosurgical attention until many hours after the injury and in a state reflecting profound neurological injury reflects a very poor prognosis for functional recovery despite appropriate and timely treatment.

8. Consultant's Summary:

This evaluator feels that Dr. [redacted] met the standard of care for an infant with a large epidural hematoma by promptly arriving at the diagnosis and determining the infant's level of profound neurological injury. He met the standard by proceeding to emergent surgical intervention and there was no significant delay in care which could have impacted the outcome. The criticism that he did not perform an adequate preoperative evaluation is not appropriate, since under these circumstances prompt surgical evacuation of the hematoma is necessary for any hope of neurological recovery to be realistic. His actions were appropriate.

9. Records Reviewed:

November 2, 3, 2005 - Emergency Dept, Records
November , 2005 - Hospital Records, progress notes, nurses notes, lab and radiology data, Operative Report
August 6, 2008 - Deposition [redacted] MD
July 2, 2008 - Deposition [redacted] MD

January 25, 2008 - Deposition [redacted] MD
January 8, 2009- Medical Malpractice Payment report

_____[redacted] _____June 15, 2009_____
Print Name Date

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Signature