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A report to clients and attorneys.
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OF COUNSEL

Hospital Ignored Teen's Hypertension, Causing Permanent Eye Damage and Loss of Both Kidneys

$5.5 million settlement will provide long-term medical care

Hypertension, or high blood pressure as it is more commonly known, can be a killer. While hypertension is not uncommon with adults, it is relatively rare in children and teenagers. This is changing as the population of children and teenagers is becoming more and more obese. For children of normal weight, hypertension is still uncommon; but when it exists, it can be a killer.

An elevated blood pressure, left untreated in a child, can cause serious and permanent damage to a child's internal organs, such as the kidneys and heart, and permanent damage to the child's eyes. This happens when the high blood pressure causes small blood vessels to rupture and bleed, and causes other blood vessels to expand to the point where the supply of oxygen is cut off to parts of the organ. Fortunately, pediatric high blood pressure is easily and painlessly diagnosed. The use of a blood pressure monitor, which we have all seen, repeated over time, gives accurate blood pressure readings. By far, most cases of elevated pediatric blood pressure are treatable. The cause of the elevation may be from an underlying kidney disease or some other disorder. In the vast majority of cases, early detection can lead to prompt and effective treatment. The key is early detection.

Unfortunately for 15-year-old Jane Brown (name changed to protect confidentiality), this did not occur. Jane had been a patient of an internist and family practitioner. She had seen him for a number of childhood ailments including, most recently, a persistent rash. During this time, Jane's blood pressure ranged from 120/80 to 140/80, which is normal to near-normal in adults. But for children, including children of 15 years of age, even 120/80 is in the 95th percentile for a girl that age (meaning 95% of all girls that age and size have lower blood pressure reading).

The blood pressure of 140/80 in such a young girl is considered to be, by definition, advanced Stage III hypertension, meaning that the child is in danger and needs immediate assessment and treatment. In other words, a blood pressure reading of 140 in a 15-year-old is above the 99th percentile for blood pressures in children of that age and that weight. Unfortunately, the significance of Jane's blood pressures was completely missed by the family practitioner. All the while, there was slow damage being done to Jane's internal organs. It was probably not permanent damage, but it was damage nonetheless.

In numerous examinations by a family doctor and hospital staff, the severely high blood pressure of a 15-year-old girl was repeatedly ignored by medical personnel. After months of continued abnormal BP levels and no proper medical response, the hypertension was finally diagnosed and treated, but not before the girl suffered permanent eye damage and loss of both kidneys.

Then, on March 8, 2005 Jane was taken to the emergency room of Local Hospital of Florida (name changed to protect confidentiality), for a persistent rash that continued to spread over her torso. Jane's mother felt that the family doctor was not doing enough and took her daughter to the emergency room for a second opinion and for treatment. When she got to the emergency room of Local Hospital, she was seen by a triage nurse which is a nurse who screens patients entering the emergency room. At that point, the triage nurse took her vital signs and discovered a blood pressure of 159/102. By any measure, that is a high blood pressure for an adult, and for a 15-year-old girl it is an absolute emergency. The triage nurse was so concerned that she circled the blood pressure in red ink so the emergency *(Continued on page six.)*

Hospital ignored teen's hypertension, causing permanent eye damage and loss of both kidneys

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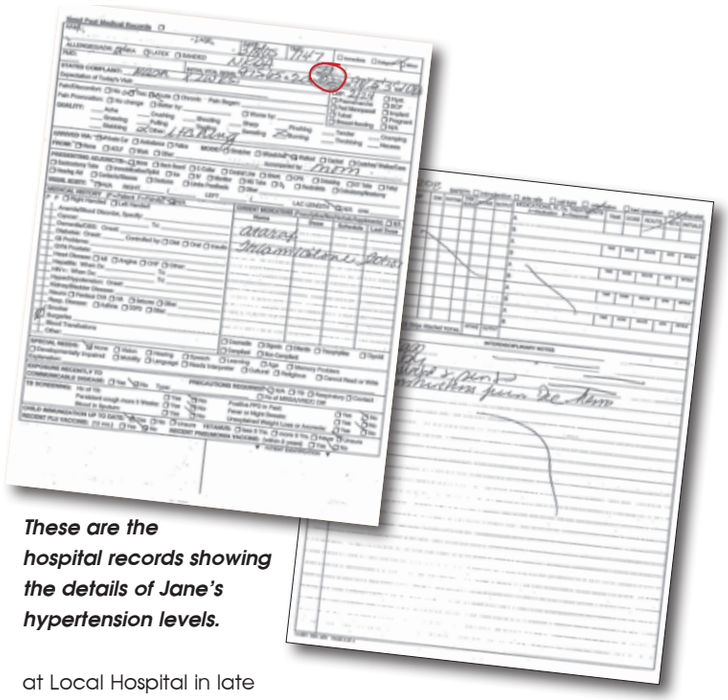
department physician would follow up on it. During the hour and a half or so that Jane and her mother were in the emergency room, the emergency room physician, his assistant, and a nurse testified that they all retook Jane's blood pressure, and said that it was "roughly the same." However, when the records were examined, there was no indication, no written record, of any further blood pressure being taken.

The emergency room physician and the nurses testified that, while they "normally" record blood pressures and "probably should" have recorded Jane's blood pressures, they did not because they were "roughly" the same.

The failure to record something as important as a markedly elevated blood pressure in a young girl is a serious breach of standard of care. But the far more serious breach, a breach that constituted reckless disregard of Jane's rights as a patient, was the failure to follow up on blood pressures that were "roughly" the same as her entering blood pressure of 159/102. Even the defense experts admitted that this was an emergent situation which required action.

Instead of immediate action, the emergency room physician simply discharged Jane with the diagnosis of "contact dermatitis", because of her rash, and sent her on her way. There was no warning given to Jane or her mother about the dangers of pediatric hypertension, and no instruction to follow up on her dangerous blood pressure. The hospital personnel gave Jane a prescription for prednisone, a steroid, which is known to cause elevations in blood pressure and is completely and dangerously inappropriate for someone who already has severe hypertension.

For the next two months Jane began to feel badly. She felt achy at times and had headaches. By May 2005, she began to have bouts of blurred vision. Even though Jane had been cleared by her family doctor and by Local Hospital's emergency department, her mother continued to worry and took her to an ophthalmologist. The ophthalmologist began an eye examination and then abruptly stopped and told Jane's mother that there was a problem with her vision and that there was bleeding from hemorrhages on the inside of Jane's eyes. He promptly took Jane's blood pressure and discovered that it was over 200. He called for an ambulance for her to be taken directly to Local Hospital. Ironically, when she arrived back



These are the hospital records showing the details of Jane's hypertension levels.

at Local Hospital in late May 2005, she encountered the same emergency room physician and some of the same nurses. This time the emergency was recognized and Jane was flown by a special medical flight to a specialized children's hospital where she was hospitalized for several weeks.

But the damage was done. By this time, Jane had suffered permanent eye damage and severe kidney damage. So severe was her kidney damage that both of her kidneys required removal, leaving Jane, a 15-year-old girl, with a lifetime of permanent kidney dialysis and a hope and prayer for successful kidney transplantation. Even with a successful kidney transplantation, her future medical expenses would be nearly a million dollars.

This case was prosecuted by SDSBS senior partner **Greg Barnhart**. After several years of hard-fought litigation, the case finally settled against all the confidential defendants for the sum of $5.5 million. The money will be put into several annuities which will provide for Jane and her costly medical expenses for the remainder of her life.

The defense argued in the case that periodic rises in blood pressure can occur when people are scared or anxious, and that, in the case of the hospital staff in particular, they saw Jane for such a brief time that it was not their responsibility. Most importantly, the legal battle involved issues of causation, which meant that the defense contended that there was some underlying kidney condition which caused Jane's hypertension and which was irreversible in any case, regardless of what they did. Because her kidneys were so scarred, the kidney tissue examination after removal could not really disclose a cause. Greg Barnhart, on behalf of Jane and her family, retained experts who strongly contended that had the cause of Jane's high blood pressure been discovered when it should have been discovered, more likely than not Jane's condition would have been treatable and she would not have lost her kidneys. ■