

Failure to detect serious infection, results in permanent and total paralysis

Hospital delayed request for MRI and failed to provide timely and accurate diagnosis, surgery, and care.

In the summer of 2015, Mary Smith (not her real name) was suffering from neck and upper back pain, fever, and flu-like symptoms. The condition had started three days earlier and had not been relieved. She was taken to the emergency room of a hospital. Mary denied any recent trauma or injury. By the time she arrived at the hospital, she no longer had a fever. The hospital performed a thoracic x-ray which was normal. Her white blood cell count was elevated, indicating a possible infection. Despite that, she was diagnosed with cervical sprain/strain syndrome. Mary was given intravenous fluids, an injection of an NSAID medication used for short-term treatment of moderate-to-severe pain in adults, and a prescription for a muscle relaxant. She was then discharged from the hospital, sent home, and advised to follow up with an orthopedic surgeon in two days.

The medications did not help. Mary returned to the emergency room within hours, early in the morning of the next day. Her pain had worsened. She had developed difficulty using one of her hands-unable to sign in at registration and unable to hold a cup for a urine sample. The ER doctor said he found no neurological deficits; however, notes from the ER nurses indicated that Mary had a decrease in range of motion in her right arm and a weakness in her right hand. She had difficulty with balance and a slow gait when moving. Despite the neurologic changes, the ER doctor ordered more muscle relaxants and a cervical CT scan. He later admitted that he never considered there might be an abscess near her spine. He again diagnosed her with neck and back pain and discharged her home.

Mary's friend James (not his real name) came to pick her up but could not locate her inside the hospital. He found her wandering around confused in the parking lot. He was deeply concerned about her condition and asked the hospital staff to admit her. They refused to accept her and told them to leave. James took Mary home and she spent the next several days sleeping and in continued pain. Trying to take a shower, Mary collapsed on the floor. James took her back to the hospital for the third time. She could barely move her arms and legs. The hospital finally ordered a MRI which revealed a spinal abscess. Late that night she was placed on several medications in an



effort to treat the infection. Testimony would later reveal that the epidural abscess, the cause of her impending paralysis, had begun days earlier. An MRI performed during her first or second hospital visit would have revealed the abscess.

Doctors decided that Mary needed neurosurgery immediately and that she should be transferred to another hospital in order to receive timely surgery by a neurosurgeon. What followed was a disorganized and incompetent effort to transport the patient. Despite the fact that both of the hospitals and the EMS transportation service acknowledged the very urgent need for surgery, 16 hours had elapsed before she arrived at the second hospital. Surgery was performed a few hours later. Unfortunately, it was too late to save Mary's spine. She was rendered a complete quadriplegic.

Mary, age 48, now requires 24/7 nursing care. She depends on others for all activities of daily living-eating, grooming, bathing, bowel/bladder care, and mobility. She spent months "recovering" in rehabilitation and nursing homes. She continues to fight numerous health issues every day including kidney failure, infections, and skin breakdown. Her medical bills and medical liens will continue to mount for the rest of her life. Mary contacted SDSBS attorney **Karen Terry** and asked for help in holding the medical personnel and hospitals accountable for their unconscionable failure to provide proper care. After considerable time and effort, Ms. Terry was able to obtain a confidential settlement of several million dollars on behalf of Mary. Now she will be able to afford the medical care that she so desperately needs due to the catastrophic injury she suffered. ♦

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