

# OF COUNSEL

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## *Hospital's Use of Life Threatening Drug Results in Brain Damage for Newborn*

In December 1999, Tracie and Ulysses Jackson were anxiously awaiting the birth of their second child, a little girl. For the Jacksons, this would be the completion of their family – they already had a ten-year-old son, Jacquan, and they were excited about their new addition. On December 7, 1999, Tracie was admitted to Hospital X for the birth of her child. Tracie had delivered Jacquan via cesarean section, but planned to deliver this baby by “VBAC” (vaginal birth after cesarean).



*Baby Jacqueline*

Once she was admitted to the hospital, Tracie's doctors decided that they needed to induce her labor. To induce labor, Hospital X allowed its doctors to use a drug called Cytotec (known also as misoprostol), despite the fact that it was not FDA-approved for induction of labor. Cytotec is a strong drug ***Continued on page twelve.***

Chris Searcy and Chris Speed recently resolved a medical negligence claim on behalf of Helene Wilkinson against University Medical Center and the Florida Board of Regents for the sum of \$6.15 million.

Helene Wilkinson, 44-year-old wife and mother of four, suffered significant and irreversible brain damage on May 5, 1997, while a patient at University Medical Center in Jacksonville, Florida. Hospital personnel failed to recognize an impending disaster in Mrs. Wilkinson, which deprived her brain of oxygen and caused her to suffer a cardiac arrest. Her story is a tragic example of how the inattentiveness of medical personnel can result in devastating injuries.

In March and April of 1997, Helene Wilkinson had begun to experience symptoms of an ongoing infective process. She was initially examined at Orange Park Hospital, though a definitive diagnosis could not be made there. After several weeks as an in-patient in that facility, she was transferred in mid-April to University Medical Center. She remained there as a patient for the next three weeks under the care of an internal medicine team and by various infectious disease specialists. Again, no definitive cause of her fever and infection was determined, though several tests were run during her hospitalization. A decision was eventually made to discharge her, on May 1, with home nursing to be provided to monitor the ongoing administration of antibiotics. ***Continued on page ten.***

## Untreated Infection Leads to Brain Injury

*(Continued from page one.)*

In the days following her release, Mrs. Wilkinson's condition declined, and she returned to University Medical Center On May 3. She was admitted through the emergency department to a medical floor. She arrived late on a Saturday evening and was not seen by any attending physicians on that evening or on the following day, Sunday. She was seen infrequently by interns and residents over the weekend, and then her attending physician eventually saw her for the first time at 2:00 p.m. on Monday. Up to that point, no cardiac consultations were ordered, nor had any consideration been given to a potential cardiac issue being the cause of her problems. An infectious process in Mrs. Wilkinson's heart was finally suspected, after which an echocardiogram was ordered late in the afternoon on Monday, May 5.

As soon as the technician began performing the "echo," it was apparent to him that Mrs. Wilkinson had a condition known as a pericardial effusion present around her heart. The condition, which consists of a significant amount of fluid in the sac surrounding the heart, has the potential to be devastating if the fluid is allowed to collect to the point where it squeezes tightly on the heart. Despite the tech's recognition of the condition between 5:00 and 5:30 p.m., no physician was called to Mrs. Wilkinson's bedside until approximately 6:00 p.m.

When the cardiology team arrived at 6:00 p.m., they recognized immediately that Mrs. Wilkinson was experiencing what is known as cardiac tamponade, where fluid was trapped and squeezing down on her heart muscle. Nevertheless, it took another 45 minutes for Mrs. Wilkinson to be transferred to the cardiac care unit. By then, she was found collapsed on the floor next to her bed. Clearly she had had a fainting spell consistent with the presence of excess fluid bearing down on her heart.

The only way to address the ominous condition experienced by Mrs. Wilkinson was for doctors to insert a needle into the space around the heart, or to surgically open the pericardial sac, to drain the excess fluid. Mrs. Wilkinson was wheeled to the cardiac care suite at 6:45 p.m., but her heart stopped beating en route and she went into cardiac arrest. The doctors emergently drained

the fluid from around the heart. However, by the time the resuscitation was complete and Mrs. Wilkinson's heart was properly functioning again, it was apparent that she had sustained a significant brain injury caused by lack of oxygen to the brain during the arrest.

Had there been more efficient communication between the echo technician and the doctors, and had the doctors responded sooner, Mrs. Wilkinson's arrest and brain injury would not have occurred. Had she been transported to CCU in a more expeditious manner -- had she arrived in the cardiac care unit only 15 minutes sooner -- this tragedy would not have occurred.

Mrs. Wilkinson is currently in a vegetative state and totally dependent on those around her for all of her needs. She does have sleep/wake cycles, and therefore is not in a coma, but she is virtually unaware of her surroundings. She has a tracheotomy tube in place for respiratory emergencies, and is fed on a daily basis through a gastrointestinal tube.

Since the time of this tragedy, Mrs. Wilkinson's husband, Webster, has been her primary caretaker. Mr. Wilkinson has performed all of the medical and household services for his wife, including feeding her through her G-tube five times daily, with each feeding lasting up to an hour. He bathes her, addresses her toileting services, and has to turn her every 30 minutes to prevent bedsores and other complications caused by immobility. When Mrs. Wilkinson is awake, her husband performs physical stimulus and range of motion exercises.

Settlement funds recovered in this case by Mr. Searcy and Mr. Speed will provide Mr. and Mrs. Wilkinson with the means to obtain much more concentrated care. Importantly, they will relieve Mr. Wilkinson of the tremendous burden he has endured alone for the past five years. After having given up his employment to devote himself to his wife's round-the-clock needs for so long, he will now have outside assistance. The funds will also provide substantial monthly annuity payments to guarantee a lifetime stream of income for the enormous medical care that Mrs. Wilkinson requires.

Ray Coleman, a prominent Jacksonville trial lawyer, referred this case to the Searcy Denney firm. He provided significant help on numerous occasions as Defendants delayed the conclusion of this case with four separate trial continuances.