

Early Discharge Results In \$6,050,000 Settlement

*Testimony reveals that
additional testing
should have been ordered.*

Dustee Parrish was a healthy full term baby born in St. Petersburg on Dec. 21, 1994. She was born just before 10:00 p.m., and was discharged the following day at approximately 3:30 p.m. Her stay at St. Petersburg Hospital was just under 18 hours. It had become common in 1994 for mothers and babies to be discharged within 24-hours of birth, rather than the more customary discharge after two days. It was felt at that time, if a baby and mother were healthy, it would save on medical costs and resources to have newborns discharged early.

During the first night after discharge, Dustee began to exhibit some signs of irritability and lack of appetite. The following day her parents became aware that Dustee

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Pictured L-R Heather Parrish, Dustee Parrish, Attorney Chris Speed, Brent Parrish

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was running a fever. They called the hospital and were told to try to cool the baby down. When that did not work, they took the baby to All Children's Hospital for treatment.

At All Children's Hospital, an immediate spinal tap revealed that Dustee had developed a group b strep infection, causing her meningitis. Once treatment for meningitis was begun, Dustee's condition stabilized. However the effects of the meningitis had caused Dustee significant brain injury, causing her a substantial loss of cognitive and motor functions. She now experiences seizures, encounters feeding problems and has significant sleep problems. She is under continued medical care and treatment, receives speech therapy, occupational therapy and physical therapy on an ongoing basis. Dustee has already had surgery for the placement of a feeding tube and has had two surgeries regarding contractures in her hips. The cost of medical care provided to Dustee had exceeded \$250,000.

The primary hurdle that attorneys Chris Searcy and Chris Speed faced as they pursued this case was proving that there was some indication during Dustee's original hospital stay that should have caused the pediatrician and the hospi-

tal to keep her under observation for an additional 24-hours. Mr. Speed eventually learned through the deposition of the defendant pediatrician, Dr. Gallagher that there was some discrepancy in the timing of certain nurses' notes at St. Petersburg Hospital. Dr. Gallagher confirmed that she had made rounds in the hospital earlier than was noted by the nurse, and that there were additional findings made by the nurse that were not present during her morning visit. The doctor stated under oath that she would have ordered additional testing on Dustee prior to discharge had she been made aware of those changes in the baby's condition by the nursing staff at St. Petersburg Hospital.

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With those facts, it became the plaintiff's position that the additional testing would have required Dustee to be kept as a patient for an additional evening. Competent physician and nursing care would have then recognized the onset of her symptoms of meningitis. Treatment at that early stage would have prevented the meningitis from causing significant trauma to Dustee's brain.

Following the deposition of Dr. Gallagher, the lawyers for the hospital requested a second mediation, which took place several months prior to the scheduled trial date. The parties did not settle at that mediation, but significantly closed the gap. Through the efforts of counsel and the mediator over the next three weeks, Mr. Speed and Mr. Searcy resolved Dustee's case for a total of \$6.05 million. A substantial portion of the net proceeds for Dustee are being used to purchase a lifetime annuity which will provide her with vastly improved daily care. Her parents can now provide a greater quality of therapy and nursing supervision. Part of the proceeds of the settlement will go towards the purchase of a new home which will be fully handicap-accessible.

Although devastated by the terrible injury suffered by their child, Brent and Heather Parrish are thankful that they can now provide for the needs of their child--needs which had not been previously met by insurance benefits or government assistance. ■