

OF COUNSEL

A quarterly report
to clients
and attorneys.

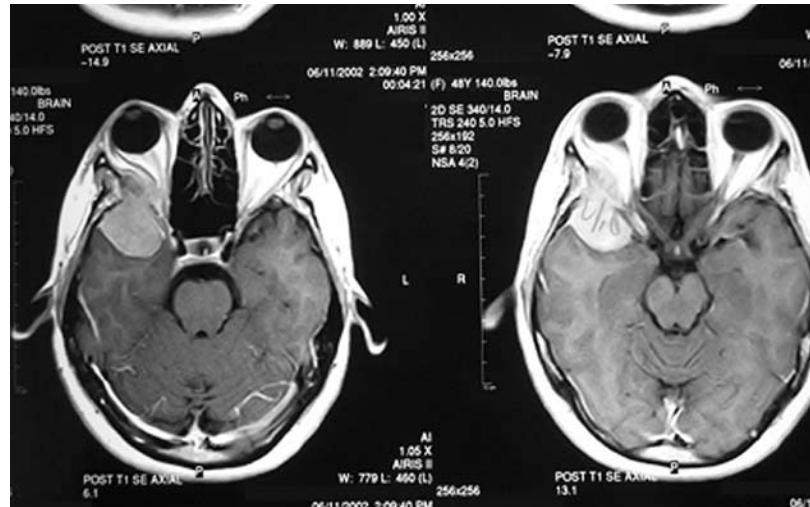
VOLUME 06
NUMBER 2

Brain Injury Caused By Failure to Provide Timely Medical Care

**Mother of four young children
is now totally disabled.**

On May 30, 2002, Mrs. A underwent surgery for removal of a meningioma, a slow-growing tumor that often causes damage to the brain. The surgery was performed by Dr. X, and lasted about ten hours. Shortly after surgery, Mrs. A was placed in the post-anesthesia care unit under the care of Nurse Y, a registered nurse with years of experience.

When Mrs. A was first examined by Nurse Y, her neurological condition was excellent. Her Glasgow Coma Score was 14 out of a possible 15 – indicating that Mrs. A was responding appropriately to standard stimuli by opening her eyes and mouth, or otherwise responding. Her Patient at Risk (PAR) score in the care



Above, brain scan showing tumor.

unit was 9 out of 10, an excellent score following surgery of this nature. Nurse Y later testified that Mrs. A's neurological condition improved the whole time she cared for her, and that when she handed the patient over to Nurse Z, things were going very well.

Nurse Z then took responsibility for the care of Mrs. A. Over the next several hours, Mrs. A's neurological condition took a precipitous **(Continued on page six.)**

Undetected Problem at Birth Results in Brain Damage

Baby Girl was born at a hospital in south Florida under the care of a well-known obstetrician-gynecologist. The pregnancy had been at high risk due to the age of the mother and multiple prior miscarriages. During the pregnancy, there were multiple ultrasounds performed on the fetus and each examination indicated everything was normal and that Baby Girl would be a healthy newborn.

In March 1999, at 35½ weeks pregnant, the mother suffered a premature rupture of her membrane. She was admitted to the hospital and Baby Girl was born via

spontaneous vaginal delivery. During the labor and delivery the mother requested that a cesarean section be performed because she was in tremendous pain. The Apgar scores – an index evaluating the newborn infant's condition at birth – were recorded as excellent. The only abnormalities noted were the placenta and spinal cord; they were described by the OB/GYN as being abnormal in appearance. The umbilical cord was lost and there was no pathology examination performed on it. Otherwise, Baby Girl was described as in excellent health yet, shortly after birth, **(Continued on page seven.)**

Confidential Settlement

MEDICAL MALPRACTICE:
BRAIN-INJURED
MOTHER

(Continued from page six.)

resources necessary to sustain his family. The children now raise themselves – they are depressed, angry, and in need of support.

When Mr. and Mrs. A came to the United States, they believed in the American dream of life, liberty and the pursuit of happiness. Her loving family life, her liberty, and certainly the entire family's pursuit of happiness were abruptly severed by the tragic failure on the part of medical personnel to provide appropriate, professional care and concern.

“When the truth was revealed, Dr. X testified that Nurse Z did not provide the accepted standard of care for Mrs. A, and that Nurse Z should have called him much sooner. Dr. X also acknowledged that the delay contributed to massive, irreversible brain damage to the patient.”

Struggling with his new and greater responsibilities and the difficulties faced by his wife and children, Mr. A sought representation by Sean Domnick and Lance Block of Searcy Denney Scarola Barnhart & Shipley. A medical malpractice action was filed in January 2005. The trial began on May 1, 2006, and the action settled for a confidential amount as opening statements were about to start. ■

Undetected problem at birth causes brain damage.

(Continued from page one.)

Baby Girl was admitted to the hospital's neonatal intensive care unit, where she was treated for several weeks for intrauterine growth retardation, swallowing difficulties, apnea, gastroesophageal reflux, hyperbilirubinemia, and possible sepsis.

Baby Girl was then transferred to a teaching hospital in south Florida. There, she was observed to be suffering from hypotonia, anemia, gastroesophageal reflux, and feeding problems. During this time, Baby Girl underwent a genetics evaluation which concluded that she was not suffering from any congenital defects which would explain the presence of hypotonia, anemia, gastroesophageal reflux or feeding problems.

After discharge from the teaching hospital, Baby Girl was followed by a pediatric neurologist. Approximately one year after birth, Baby Girl underwent a magnetic resonance imaging (MRI) of the brain. The MRI revealed that her brain was abnormal. Two years later, Baby Girl underwent a second MRI which indicated “moderate hypoxic/ischemic encephalopathy”. This interpretation of the MRI indicated that Baby Girl had experienced a reduction of oxygen around the time of birth, resulting in significant brain damage. She is now totally disabled.

Chris Searcy and David White of Searcy Denney Scarola Barnhart & Shipley settled this case during mediation for a substantial amount of money. The settlement will help provide security for Baby Girl's future in terms of medical care, custodial treatment, and lost earning capacity. ■

Confidential Settlement

MEDICAL MALPRACTICE:
UNDETECTED PROBLEM
RESULTS IN BRAIN INJURY

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