

MEDICAL MALPRACTICE CHRONOLOGY

Date/Time	Page of Records	Health Care Provider	Documentation
4/29/91 1230	7	L. Frank, R.N. ER notes	Brought to the ER of Hillcrest Regional Medical Center by ambulance after being involved in motor vehicle accident. Triage level: urgent. Full C-spine precautions. Pt states 7 months pregnant. No prenatal care except for one visit to clinic for ultrasound. Pt states she was told everything was okay and was 2 months pregnant at that time. Temperature-97.2, Pulse-73, Respirations-24, Blood Pressure 130/78. Unable to hear FHT (fetal heart tones). ER MD informed and at bedside.
4/29/91 1240	6-7	L. Frank, R.N. ER notes	Labor and Delivery called for fetal monitor. C-spine cleared. Skin pale and pt complaining of chills. BP 77/53 (previously 130/78).
4/29/91 1245	7	L. Frank, R.N. ER notes	OB RN at bedside. Labs drawn. Difficulty in getting FHT's. Baby appears to be bradycardic (slow heart rate).
4/29/91 1245	5	F. Curtis, M.D. ER Encounter Record	Orders written: fetal monitor, pt on left side, O2 at 4L, IV normal saline. Labs: CBC (complete blood count), type and cross 4 units. Impression: Fetal distress after MVA.
4/29/91 no time recorded	3	F. Curtis, M.D. ER Report	<p>History of present illness: 21 year old female who was driving a car and was involved in a MVA. Pt states that she thinks she had a seat belt on, but she is not sure. Deputy sheriff who was first on scene said she did not have seat belt on. She was complaining of low back pain. She reported that she was 7 months pregnant, but does not know last menstrual period. She had one prenatal visit at a clinic at which she had an ultrasound. This is her first pregnancy.</p> <p>Physical findings: She complains only of back pain. There is uterine enlargement consistent with 7 month pregnancy. No tenderness, no palpable contractions. No FHT with fetal doppler. No pain with pelvic compression.</p> <p>ER course: Fetal monitor brought down and placed on pt but was unable to pick up good FHT. RN felt she could detect a bradycardia that was the baby's. Pt was rushed over to ultrasound while OB backup was being called for. Ultrasound confirmed fetal bradycardia in the range of 50. Pt was taken directly to delivery room and was placed on left side and on oxygen. OB assistance was called for as well as pediatric backup.</p> <p>Impression: Fetal distress after MVA. Uncertain as to whether there is a direct relationship between the two, as the mother does not seem to be otherwise injured.</p>
4/29/91 1250	7	L. Frank, R.N. ER notes	Transported stat to x-ray for ultrasound. BP 67/47, HR 53.
4/29/91 no time recorded	28	G. Frieson, M.D. Ultrasound report	<p>Indication: 21 year old pregnant female with suspected fetal distress.</p> <p>Impression: 1. Approximately 33 week single viable intrauterine gestation in cephalic presentation.</p>

			2. Marked fetal bradycardia with fetal heart rate of approximately 45-50 BPM (beats per minute).
4/29/91 1255	7	L. Frank, R.N. ER notes	Fetal heart tones 55 BPM as per ultrasound. ER attempting to reach OB for emergency cesarean. BP 124/70.
4/29/91 1310	7	L. Frank, R.N. ER notes	IV started left forearm. Continues pale and chilled. Complaining of back pain and generalized aches.
4/29/91 1320	7	L. Frank, R.N. ER notes	Transported to Labor and Delivery. Still attempting to find OB doctor. FHT 20 on arrival. Transported on left side and flat.
4/29/91 1320	27	A. Cartwright, R.N. Labor Room record	Received in L&D on gurney from ER. 21 year old female approximately 33 weeks gestation following auto accident this afternoon. In ER FHT at 1252 were audible by doppler at 40-50 beats/minute. Pt was taken to ultrasound and bradycardia and fetal age confirmed. FHT's now not audible by external fetal monitor. FHT 20-40 beats/minute by doppler. Membranes intact. Supervisor and ER RN trying to locate OB. Pediatrician Dr. Lipp called. T- 98.6, P-78, R-20. O2 at 5 liters via nasal cannula on left side. IV normal saline patent to left forearm.
4/29/91 1333	27	A. Cartwright, R.N. Labor Room record	Dr. Morrison reached. Will perform cesarean section. OR called and setting up. Abdominal prep done. Consent obtained. Foley catheter inserted. Brownish / gold urine obtained.
4/29/91 1340	27	A. Cartwright, R.N. Labor Room record	FHT 20-40 via doppler. To OR via bed. Surgical labs drawn. Dr. Sparks here.
4/29/91 1345	29	A. Cartwright, R.N. Delivery Room record	FHT 20-40 in delivery room. BP- 138/75, HR- 60. Anesthesia started by Dr. Sparks.
4/29/91 1350	29	A. Cartwright, R.N. Delivery Room record	Dr. Peterman and Dr. Feinberg here. FHT 20-40.
4/29/91 1355	2	A. Cartwright, R.N. Delivery Room record	Cesarean section started. FHT 20-40.
4/29/91 1356	12	N. Hoffman, R.N. Delivery room record of newborn	Female baby born. 4lb 5oz. Surgeons: Dr. Peterman, Dr. Feinberg, and Dr. Morrison. Pediatricians: Dr. Lipp and Dr. Saltzman. Attempting to resuscitate infant. See Neonatal Intensive Care Unit (NICU) flow sheet notes.
4/29/91 1357	12	N. Hoffman, R.N. Delivery room record of	Apgar 0 (severely depressed-maximum score 10). Bag mask ventilated. Placenta delivered.

		newborn	
4/29/91 1400	20	Laboratory results sheet	Urine drug and alcohol screen negative.
4/29/91 1402	12	N. Hoffman, R.N. Delivery room record of newborn	Apgar 1. Bag mask ventilated with chest compressions. HR<100.
4/29/91 1406	12	N. Hoffman, R.N. Delivery room record of newborn	Apgar 2. ET tube inserted. Ventilated with bag and chest compressions. HR<100.
4/29/91 1426	12	N. Hoffman, R.N. Delivery room record of newborn	Apgar 3. Bagged ET tube. HR>100.
4/29/91 1430	27	A. Cartwright, R.N. Delivery Room record	Post-text from OR: Husband of patient states “ pt was in an auto accident last week and was not treated. ”
4/29/91 1635	21	Laboratory results	Serum screen for hypnotics and tranquilizers negative.
4/29/91 1930	14	S. Morris, R.N. Patient admission assessment notes	“ Auto accident today and last week. ”