

January 20, 2014

Verdicts & Settlements

Man with medical history suffers cardiogenic shock

Plaintiff: Patient not taken to laboratory after abnormal EKG results

\$2.85 million

Plaintiff's decedent, a 43-year-old married father of two children, had a medical history of hypertension, high cholesterol and gastritis and a family history of untimely deaths caused by heart attacks. The decedent also had an extensive history of vascular disease considering his relatively young age.

The decedent treated with his primary care physician (defendant physician) over the course of several years, and often complained of shortness of breath with and without exertion. In January 2010, the patient went to defendant physician with complaints of a racing heart, cough and stress. An EKG revealed supraventricular tachycardia.

Defendant physician diagnosed the patient with palpitations and bronchitis, prescribed a Z-PAK and Robitussin, and instructed the decedent to eliminate caffeine from his diet. The following day the decedent called defendant physician's of-

fice with complaints of pain in his chest and arms and shortness of breath. Rather than instruct the decedent to go to the emergency room or suggest a cardiac work-up, the defendant physician simply prescribed benzodiazepine.

The day after calling the defendant physician with complaints of chest and arm pain and shortness of breath, the patient presented to the emergency department of defendant hospital with chief complaints of chest pain, shortness of breath, pain in each arm and pain in his neck. The defendant ER physicians ordered an EKG, which was performed at 17:55, revealing abnormal results.

At 19:10, a second EKG was performed, demonstrating ST segment elevation. The patient was finally taken to the catheterization laboratory at 19:32. The first angioplasty balloon was inflated two hours and 34 minutes after the patient first presented to the emergency department.

By the time the patient received emergency intervention, it was too late to save his life and the decedent suffered cardio-



MCKEEN

Type of action: Medical malpractice

Type of injuries: Death

Name of case: Confidential

Court/Case no./Date: Confidential;
confidential; Oct. 14, 2013

Name of judge: Withheld

Settlement amount: \$2.85 million

Insurance carrier(s): Withheld

Attorney for plaintiff: Brian J. McKeen

Attorney(s) for defendant: Withheld

genic shock. The patient was then transferred to another facility where he was diagnosed with end stage ischemic cardiomyopathy and brain damage, and ultimately died.

Plaintiff contended that defendant physician breached the standard of care by failing to refer the patient to the ER or suggest a cardiac workup when the patient complained of pain in his chest and arms and shortness of breath.

Plaintiff also argued that the ER defendants breached the standard of care by failing to take the patient to the catheterization laboratory within 30 minutes of his abnormal EKG results, and by failing to maintain a door-to-balloon ratio of no more than 90 minutes.

Defendant physician denied any breaches in the standard of care, and

maintained that he had made efforts to respond to the patient's complaints during the phone call following the patient's office visit.

The ER defendants and defendant hospital maintained that even if there was a breach in the standard of care, the patient's heart muscle was no longer viable by the time he reached the emergency department.

A major key to settling the matter was \$2.85 million was plaintiff counsel's use of a joint-hospital initiative, known as the Door to Balloon Initiative, aka D2B, which was launched by the American College of Cardiology. This initiative seeks to make the 90-minute interval the ordinary performance standard and is comprised of more than 800 hospitals, one of which being defendant hospital.