

Obtained a Defense Verdict for a Hospital in an Emergency Department Case Involving Alleged Wrongful Death from Delay in Triage, Diagnosis and Treatment

SmithAmundsen obtained a defense verdict for a hospital in an emergency department case involving alleged wrongful death from a delay in triage, diagnosis, and treatment of a patient with a vertebral artery dissection and brain aneurysm. The patient was transported by EMS to a local Chicago area hospital with complaints of rear lower head pain, vision loss in one eye, and elevated blood pressure. The patient was assigned the next available bed. During the physician exam, the patient reported a sudden onset of bilateral vision loss and sharp neck pain which occurred while reaching for a phone. Following a normal neurological exam, the ER physician ordered CT scans of the head and neck, with and without contrast, for suspected dissection of the left vertebral artery. However, the patient collapsed and became unresponsive before the scans were completed. A CT angiogram revealed a large ruptured aneurysm in the right ophthalmic artery, left vertebral artery dissection, and extensive severe fibromuscular dysplasia. The defense argued the patient had two separate pathologies which became symptomatic the same day but hours apart. Initial symptoms upon arrival at the ER were consistent with vertebral artery dissection but not a sentinel bleed from the aneurysm. The dissection was the source of neck pain and visual symptoms, and a sentinel bleed from the ophthalmic artery aneurysm would cause only unilateral vision issues but not bilateral. The defense further maintained the patient did not present with classic symptoms of stroke, the patient never complained of headache, the patient was timely assigned the next available bed, and even if a non-contrast CT scan had been performed earlier it would not have detected the aneurysm. An animated trial exhibit was powerful evidence to show the available ER resources while the patient waited to be seen.

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