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\$604,000-Jury Verdict Failure To Diagnose And Treat Amniotic Fluid Embolism In Patient After An Abortion - Wrongful Death Of 21 Year Old - Five Minutes Of Pain And Suffering

F&F# 93037A

MEDICAL MALPRACTICE LAWYER - FAILURE TO DIAGNOSE AND TREAT AMNIOTIC FLUID EMBOLISM IN PATIENT AFTER AN ABORTION - WRONGFUL DEATH OF 21 YEAR OLD - FIVE MINUTES OF PAIN AND SUFFERING

Jury Verdict: \$604,000

Facts: This is a wrongful death case brought by the family of the woman who died, referred to herein as "Decedent." Decedent, a 21-year-old clerk at the time of her death, presented to Def. Eastern Women's Center, an abortion clinic, on 8/2/91 for an abortion. She was 15-16 weeks pregnant, and had a 7-month old child. Decedent underwent the insertion of osmotic dilators, and returned the next morning for completion of the abortion. During the procedure, she stopped breathing and her oxygen saturation level fell to 88. Defendant Dr. Aurel Calalb, the anesthesiologist (settled for \$35,000), gave her oxygen, and her oxygenation returned to normal. There was no proof as to the duration of the apneic episode, and Dr. Calalb did not make note of it or mention it to Defendant Dr. Orrin Moore, the surgeon (settled for \$75,000).

Decedent was discharged as "stable," with the last blood pressure recorded as 130/80 at 8:55 A.M. She arrived at the recovery room, 20 feet down the hall, also at 8:55 A.M., where her blood pressure was noted to be 96/60 and her pulse 96. Defendant Linda Wissbrun, the recovery room nurse (100% liable, with Eastern Women's Center), noted that decedent was unusually drowsy, but after the initial assessment, during which she did not compare decedent's vital signs to any values previously taken, she left decedent.

Fitzgerald & Fitzgerald contended that although decedent was the only patient in the recovery room at the time, where there were several nurses present, she was not observed for the next 5 minutes. At 9:00 A.M., Def. Wissbrun found decedent to be completely unresponsive to deep pain stimuli. She testified that during the next 5 minutes, she took decedent's pulse and called for help. Eastern's nursing supervisor arrived at the bedside between 9:00 A.M. and 9:05 A.M., found decedent to be apneic, and instituted mouth-to-mouth breathing, as there was no crash cart or ambu bag at the bedside, contrary to the clinic's own protocol. Oxygen was then given by flow mask, although an open airway was questionable at that time. At 9:07 A.M. Def. Dr. Elena Raftopol, another anesthesiologist (settled for \$75,000, with Dr. Moore), began to administer oxygen by ambu bag, and transported decedent back to the operative suite where she intubated her and began CPR.

Fitzgerald & Fitzgerald Medical Malpractice Law Firm contended that Eastern's own protocol required that any patient for whom transfer to a hospital was needed should be evaluated for transfer by the medical director or his substitute. Def. Dr. Moore (settled for \$75,000, with Dr. Raftopol) was the acting medical director on the date in question. He did not call for EMS transport until asked to do so by another staff member. Decedent was transferred to a hospital at 10:00 A.M., where she died at 4:30 P.M. after suffering another cardiopulmonary arrest. An autopsy revealed that decedent had suffered an amniotic fluid embolism. Fitzgerald & Fitzgerald successfully argued that decedent had 5 minutes of pain and suffering while she struggled to breathe between 8:55 and 9:00 A.M.

Def. argued that an amniotic fluid embolism cannot be prevented or treated, and that decedent would have died in any case.

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Malpractice Law Firm
538 Riverdale Avenue
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USA

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The jury found that Drs. Moore, Calalb and Abadir had departed from good medical practice, but found that their departures were not a proximate of decedent's death. They found Eastern and Wissbrun 100% liable, and found that Raftopol and Rang were not liable.

Decedent, age 21 at her death, left a 7 month old child. She had worked as a clerk for 41/2 months prior to her death.

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