

## **Victims of Emergency/Trauma Care Malpractice**

The hospital location with the highest proportion of negligent adverse events (52.6 percent) is the emergency department.<sup>1</sup> Here are some patients from around the country who have been killed or injured due to negligence in the ER:

### **Kendyll Bliss (deceased)** **Monroe County, Florida**



Kim and Ryan Bliss took their eight-month-old daughter, Kendyll, to a Florida Emergency Room because she was dehydrated from a cold. Unbeknownst to Kim and Ryan, the ER did not have any medical equipment on hand to treat an infant. The ER nurse tried unsuccessfully for two and a half hours to get an adult IV needle into Kendyll's body. After waiting yet another hour, the doctor arrived and used an adult IV to get into Kendyll's jugular vein. Once the port was inserted, the nurse had orders to let one bag of fluid drip for a half an hour and then hook up a second bag and allow it to drip throughout the night. After the first bag was empty, the nurse came in to change the bag. The nurse first squeezed the bag several times. Kendyll screamed out and Kim quickly picked up her child. Kim and Ryan then watched as air bubbles traveled through the line that was inserted into their daughter's body. Kim and Ryan tried desperately to alert someone in the ER, but their pleas were ignored. Immediately, Kendyll turned blue. Despite more pleas that something was terribly wrong with their child, the nurse did not try to resuscitate her or call anyone for help. Kendyll passed away due to an air embolism that went into her brain and caused her to go into cardiac arrest. Kim and Ryan settled their claims against the ER doctor and nurse.

**John Enzenauer (deceased)**  
**El Sobrante, CA**



Three years ago, on December 23, 39-year-old John Enzenauer was not feeling well and went to the emergency room. They found he had internal bleeding, a bladder infection and the flu, but sent him home anyway. He was told to come back after the holiday. When he was not feeling better on December 24, he went back to the ER but was again dismissed after 8 hours. He came back to the ER on December 26 and was finally admitted. He died on December 27 from pneumonia. His treatable condition was evident from a blood culture test administered by the hospital and faxed to the ER during this period, but no one ever called the family with this information. Four different antibiotics could have completely cured him. His wife and children, including their six-year-old daughter, filed suit against two doctors and the hospital, all of whom settled before trial. The survivors received \$250,000 in non-economic damages – the limit under California’s cap; the amount of economic damages agreed upon was kept confidential at the insistence of the defendants.

**Margaret Little (deceased)**  
**Florida**



Joyce Betters decided to take her mother, Margaret Little, to a Florida ER because she was having chest pains. A nurse at the ER noted that she thought Margaret was having cardiac problems. Margaret was taken to a back room and was left there for three hours. The ER doctor ignored the clear signs of acute coronary syndrome Margaret was exhibiting. Margaret even began complaining to her daughter that the pain was getting worse in her jaw, arms, left shoulder, and fingers. After waiting a few more hours and despite pleas by Joyce, the ER tried to send them home. However, they refused to leave because of Margaret's extreme pain and insisted that the ER personnel call Margaret's primary doctor. Her primary doctor insisted that the ER admit Margaret so that he could evaluate her in the morning. The ER gave her a drug that actually worsened her condition and they never conducted an EKG. While waiting to be checked in, Margaret went into cardiac arrest and passed away. Margaret's family settled their claims with the doctor and hospital.

**Taylor McCormack (deceased)**  
**Pembroke, Massachusetts**



13-month-old Taylor McCormack's parents brought her into the emergency room on a Saturday evening because a device in her brain that had been implanted at birth was malfunctioning. The device's purpose was to drain excess fluid from her brain. They were told that Taylor required immediate surgery. However, they were then told that the operating room was too busy and she would have to wait until the next morning for surgery. While Taylor waited for surgery, fluid built up in her brain. Taylor was not put in the intensive care unit or properly monitored while she waited for surgery. Taylor's brain swelled during the night and she died as a result. Three years later, Taylor's parents learned that the operating room was, in fact, available that night. It turns out that the attending neurosurgeon failed to answer any pages because he had muted his pager. This neurosurgeon did so even though he had been made aware of Taylor's condition earlier in the evening. Residents in the ER did not try to contact an alternative surgeon. The operating room nurse stated in her deposition that she told the resident about the available

operating room. She also stated that if a surgeon had been available, the operation would have relieved the swelling in Taylor's brain.

**Lauren Meza**  
**Dodge City, Kansas**



Jennifer Meza, of Kansas, took her two and a half-year-old daughter Lauren to the ER upon the recommendation of her pediatrician. Her pediatrician believed that the baby might have pneumonia because of her symptoms and because at that time, Jennifer's husband was in the hospital with pneumonia. The ER doctor yelled at Jennifer and sent her and her daughter home even after she told the doctor about her husband's current condition. No tests were performed. Two days later Jennifer brought her daughter back to her pediatrician. Her pediatrician determined that her daughter needed immediate emergency care and the baby was air-lifted to another hospital. Jennifer's daughter had developed a condition where her body retained toxic agents and waste products within the blood stream. As a result, she is facing dialysis and a kidney transplant before she turns ten years old. Jennifer and Michael recovered against the doctor for a confidential amount.

**Bethany Scollick**  
**Winchester, Virginia**



Jennifer Scollick brought her 21-day-old baby, Bethany, into the ER because she had been vomiting and had not eaten for almost 2 days. Jennifer was told to sit in the waiting room until a nurse could see Bethany. Jennifer waited for over 4 hours and complained numerous times. Within the time she was waiting for a doctor in the ER waiting room Bethany had a stroke. When a doctor finally examined Bethany, he noted that she was gray in color and that it was likely a stroke had occurred. The stroke caused extreme mental damage. Jennifer recovered against the Virginia medical center in 2002 for a confidential amount.

**Keith Williams**  
**Show Low, Arizona**

Keith Williams went to an Arizona ER because he was experiencing writhing abdominal pain and a rapid heart beat. An ER doctor examined him but did not administer an emergency surgical exam, despite the fact that Keith was exhibiting symptoms of ischemic bowel, a disorder which results from the inadequate flow of oxygenated blood to the intestines. After twelve hours Keith was finally given a surgical consult. The surgeon determined that Keith needed emergency surgery. Anesthesia had to be administered in order to perform surgery. Because the anesthesia was administered when Keith was suffering from extremely low blood pressure, had lost large amounts of blood, and was dehydrated, Keith suffered a reaction from the anesthetics. This reaction caused Keith to suffer a brain injury. Keith will never be able to work again due to his brain damage. Keith and Gail Williams settled against the hospital for a confidential amount.

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**NOTES**

<sup>i</sup> Kohn, Corrigan and Donaldson, Eds., *To Err Is Human; Building a Safer Health System*, Institute of Medicine, National Academy Press: Washington, D.C. (1999), p. 30.