

Verdicts & Settlements

Late intubation tied to hypoxia

Man, 29, left in vegetative state

\$1.2 million settlement

On the morning of Feb. 29, 2012, the decedent, a 29-year-old man, went to the emergency room complaining that he felt his throat closing.

The ER doctor diagnosed angioedema, which is rapid swelling of the tongue and throat caused by blood pressure medication. The decedent was transferred to the critical care unit for observation and treatment.

Angioedema can lead to airway obstruction and death if a patient is not intubated and monitored. In this case, early intervention and intubation was especially

necessary because the patient continued to suffer airway difficulty, was obese, had a thick neck and a large swollen tongue. Despite those factors, the defendant attending physician and resident physician did not establish an early intubation/intervention plan.

The decedent's condition worsened during the evening. He began to hallucinate and act combatively. His breathing became more labored, and oxygen levels in his blood dropped dramatically.

An on-duty nurse brought the worsening symptoms to the attention of the defendant resident physician and recommended an arterial blood gas. The resident physician did not consult with an anesthesiologist, intubate the decedent, or order an arterial blood gas test at that time. She instead ordered an anti-psychotic drug to be administered, as well

as treatments for sleep apnea, including a BiPAP mask, which worsened the decedent's breathing difficulties.

When the resident later ordered a blood gas, it confirmed that the decedent needed to be intubated emergently. At that point, the decedent was extremely anxious because he could not breathe and was thrashing about, and the on-call anesthesiologist was unable to intubate him.

The resident then ordered a sedative, which exacerbated the decedent's respiratory distress. Shortly thereafter, he went into cardiac and respiratory arrest. He suffered anoxic brain injury from a prolonged period of hypoxia, leaving him in a vegetative state. A few months later, his family authorized the withdrawal of life support.

The decedent was not married

or employed, but was the primary care giver for his four children.

The claim against the defendant resident physician settled at mediation. The estate's wrongful death claim against the off-site attending physician, who was contacted by the resident that evening about the decedent's condition, is proceeding to trial in January.

Action: Medical malpractice

Injuries alleged: Wrongful death, pain and suffering, loss of consortium

Case name: Withheld

Court/case no.: Withheld

Jury and/or judge: N/A (settled)

Amount: \$1.2 million

Date: April 12, 2017

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