

ELAINE'S STORY

A real case demonstrating
the unfairness of damage caps.

Elaine's Story

At 63, Elaine should have been enjoying her golden years after working hard for many years to take care of her children. But a laboratory's failure to tell Elaine's doctor about results of tests that her blood was too thin—and her doctors' own negligence in treating her condition—have left her without the use of her legs. Had her surgeon been told about Elaine's too thin blood, he could have changed the medication and prevented this tragedy. Elaine is now totally dependent on her son Brian for care.

At the age of 40, Elaine was forced to begin her life again. After the sudden and unexpected death of her husband, she was a widow with five young children, ages four to eleven. Although she had been a stay-at-home mom when her beloved husband was alive, his death forced on her the responsibility to provide for her children. She rose to the challenge, going back to school and getting a job to pay for the family's household expenses. Elaine did everything that she could to support her family, often working more than one job at a time. When she looks at her children now, each of whom is successful in his or her own right, she is pleased that she was able to raise them and provide for them herself.

The years of hard work took their toll on Elaine. By the time that she turned 63, she was suffering from serious back pain that radiated into her right leg. Back surgery was proposed, and Elaine reluctantly agreed to have the procedure. On September 22nd, when Elaine awoke from the back surgery, she immediately realized that the right leg pain was gone and that her back pain was considerably decreased. Although she had some nausea after the surgery, her four-day admission to the hospital was generally uneventful. She was happy to be discharged and able to go home. She wanted out of the city. She wanted to recuperate in her house in her small town.

When Elaine was discharged, she was given instructions to take two blood-thinning medications B Coumadin and Lovenox. The Coumadin she took by pill, but the Lovenox had to be injected. A home health nurse came to her house to teach her son, 28-year-old Brian, how to give the Lovenox. The nurse did not leave Elaine's home until she was sure that Brian was capable of injecting the medication.

All patients on blood thinners must have their blood tested to make sure that the blood is not too thin. When a patient's blood is too thin, she can bleed excessively. The tests require that a small amount of blood be taken from the patient. The blood sample is then sent to a lab where three separate tests are performed - a PT, PTT and INR. If a patient's blood is too thin, the physician will change the dosage of the blood-thinning medication or the frequency with which the medication is taken.

Two days after her discharge, on September 28th, the home health nurse came to Elaine's house to draw some blood for testing. The nurse took the blood to the lab that same day. According to orders from Elaine's surgeon, the results of the testing were to be faxed to him immediately. The results of the blood tests showed that Elaine's blood was too thin. These results were never faxed or communicated to her doctor. Elaine was never told of these results either. As a result of the failure of the lab to communicate the results to the surgeon or Elaine, she continued to take the blood-thinning medications as originally prescribed on Saturday, September 29th, and Sunday, September 30th.

At 3:00 a.m. on Monday, October 1st, excruciating back pain and leg pain woke Elaine from her sleep. The pain was so bad that an ambulance was called, and Elaine was rushed to the local community hospital. She complained of excruciating back pain at the site of her surgical incision and numbness all over. The emergency room doctor ordered her blood tested to see if it was too thin, which the tests again showed that it was, and then admitted her to the hospital.

At both 6:30 a.m. and 6:45 a.m., a nurse wrote in the hospital chart that Elaine was complaining that both of her legs were numb. Despite her complaints, this nurse never examined her legs. When a new nurse came on

duty at 7:00 a.m., the initial nurse told the second nurse about the leg numbness. The second nurse also did not examine Elaine's legs, and neither nurse ever informed a doctor about Elaine's complaints of leg numbness.

Elaine was seen by her family doctor at approximately 12:30 p.m. He did not examine her either, telling Elaine that he did not feel well and was going to his office to lay down, although he actually spent the afternoon seeing patients in his office. He did, however, at 1:00 p.m., order a catheter placed. Elaine was unable to urinate on her own by then. At 2:00 p.m., a nurse noticed that Elaine could not move her legs. The nurse noted her inability to move her legs in the chart and also documented that this inability began in the emergency room.

Finally, over 12 hours after Elaine first began complaining of leg numbness, a neurologist examined her, and a CT scan was ordered. The CT scan showed that Elaine had been bleeding into an area around the spinal cord. The huge pool of blood had put pressure on her spinal cord and had essentially killed the nerves. Had her surgeon been told about her too-thin blood, her medications could have been changed, and she would not have kept bleeding until a huge pool had formed. Had her complaints of leg numbness been investigated promptly, the blood pool would have been found early enough to prevent the total death of her nerves.

The doctors, nurses and lab technicians, who were supposed to care for her, failed Elaine. She lives with the consequences of their failures everyday. Elaine has no control of her legs, and she cannot and will not ever walk. She has no control of her bladder and must insert a catheter 4 to 6 times a day in order to urinate. She has no bowel control and must use daily suppositories to move her bowels. She requires daily care of her most personal needs. That care is provided by her son, Brian. Every day he bathes his mother, which consists of a thorough sponge bath in her bed or wheelchair. The design of Elaine's house makes it impossible for Brian to get her into the bathroom, which is on a different floor than her bedroom. He changes her diapers, assists her with the catheterizations and helps her dress. The situation is embarrassing for both Elaine and Brian. Neither, however, can dwell on their discomfort. Elaine cannot do these things herself, and Brian is committed to caring for his mother with the same dedication, hard work and love that she had when she cared for him and his siblings after their father's death.

Brian uses a special lift to get Elaine out of bed and into a wheelchair, where she spends her days reading, watching television or staring out the window. Her house is a tri-level. In addition to having no access to a bathroom shower, Elaine cannot access her kitchen. Brian makes all of her meals and brings them to her. The design of the house makes it a chore for Brian to get Elaine out of the house, so both of them spend most days trapped there. Brian cannot leave his mother for even the short time that it takes to go grocery shopping or run errands. Elaine must always have someone with her to assist her in the event of an emergency.

Elaine's condition is permanent. She will never improve. She is at risk for, and has already had, bladder infections from the constant catheter use. She suffers skin breakdowns from the prolonged sitting. She cannot live her life as she wants. Her pain and anguish are unlimited. Why should the liability of the health care providers who failed her be limited?



Elaine lost the use of her legs as a result of negligence by her doctors, nurses and lab technicians to inform her surgeon and properly treat her too-thin blood. Now she is dependent on her son Brian for care.