

JOHNNY'S STORY

A real case demonstrating
the unfairness of damage caps.

Johnny's Story

Little Johnny died as a result of severe dehydration from vomiting and diarrhea. Johnny's mother brought him to the hospital emergency room in plenty of time, but his abnormal vital signs and condition were ignored. Johnny and his mom were forced to wait for almost three hours. Help in the form of a simple IV was less than 50 feet away.

Johnny was a happy and healthy 2½-year-old, living in Dauphin County, when he came down with the flu. Like many other infants, Johnny developed diarrhea and began vomiting. For two days, Dr. Mom treated her baby boy. She gave him baby Tylenol, lots of water, Pedialyte, and soup. However, Johnny's temperature would always return when the Tylenol wore off, and his diarrhea and vomiting persisted.

After two full days of doing her best to take care of him, Johnny's mom was worried that Johnny didn't seem to be getting better, and so she called her family's doctor. She was told to bring Johnny to the office, which she did. The doctor examined Johnny and found him to be moderately dehydrated. The doctor gave Johnny antibiotics for a sinus infection, and he told Johnny's mother to continue using the Pedialyte throughout the night. The doctor also told Johnny's mother that if her son was unable to keep liquids down that night, she was to take him to the emergency department of the local hospital the next morning for examination and treatment.

Johnny's mom was a conscientious mother. She followed the doctor's instructions to the letter, giving him the Pedialyte and watching him carefully. Johnny's vomiting decreased, but his diarrhea persisted throughout the night. Johnny's mom called the doctor in the morning to report on Johnny's condition. The doctor told Johnny's mom to take her son to the emergency department immediately, that her son could be dehydrated. Infants are at a greater risk of dehydration than older children or adults. In infants, such as Johnny, dehydration can become a life-threatening condition very quickly. Johnny's mom followed the doctor's directions and was at the emergency department by 10:00 a.m.

After a 10-minute wait, a nurse came to see Johnny and his mom. Johnny's mom told the nurse that her son had been suffering from vomiting and diarrhea for three days and that his diarrhea was worse that day than it had been. She also told the nurse that Johnny's pediatrician wanted him to be examined and treated in the emergency department for possible dehydration. The nurse took Johnny's vital signs. His pulse rate was 160 beats per minute, well above normal, even for a 2½-year-old. His respiration rate was 40, which was also well above normal for a child of his age.

Even though Johnny had been sent to the emergency department with concerns about dehydration, even though he had a history of continuous vomiting and diarrhea that was worsening, even though his vital signs were grossly abnormal, the nurse did nothing further to evaluate this baby. She never performed the minimal examination needed to determine if Johnny was seriously dehydrated. She did not have a doctor examine him. She did not even put Johnny and his mother in an examination room. Instead, she labeled the chart "urgent" and sent this infant and his mother into the waiting room to sit until called.

Johnny and his mom waited...and waited...and then waited some more. They sat in the waiting room less than 50 feet from treatment for over two hours and forty-five minutes. During this time, Johnny's condition worsened. When he and his mother first arrived at the hospital, he had been up and moving. After two hours and forty-five minutes, he was lethargic, easily irritated and lying motionless in his mother's arms. Several times over this long wait Johnny's mother had gone to the nurse and asked that her very sick child be seen. A police

officer, waiting for a prisoner to be treated, watched as each time her requests for treatment were rebuffed. Without ever looking at the baby, the nurse told Johnny's mother firmly to return to her seat and wait to be called.

The nurse never called.

Johnny finally received treatment when he had a massive seizure. His eyes rolled back in his head, and his body stiffened. His heart and lungs stopped. His brain received no oxygen. His mother's screams brought the nurse and a doctor rushing to Johnny's side. Johnny could not be treated immediately. There is no life saving equipment in the waiting room where he sat for almost three hours. More time was lost taking Johnny to a treatment room. Johnny's heart was shocked until it started to beat again. Chemical after chemical was injected into his body to resuscitate his lifeless little form. Although Johnny's heart and lungs were restarted, his brain had been deprived of oxygen for too long. Johnny was life-flighted to a major trauma center, but even the excellent doctors at that center could do nothing for Johnny. After three long days of nerve-wracking vigil at the hospital, Johnny's parents were told that their baby son was dead.

Johnny's death was totally preventable. A simple IV, available less than fifty feet from the waiting room where Johnny and his mom sat for almost three hours, would have saved this toddler's life.

The needless loss of this tiny child's life cannot be measured. The loss and anguish that Johnny's parents—any parents—feel when their child dies before them is beyond measure. A two-year-old is dead before he ever had a chance to live. Johnny's mom and dad will never see their son grow into a strong young man, reaching for his goals, working hard to make his parents proud.

The loss that Johnny's parents feel every single day of their lives has no limit, no cap. They did everything that they could to save their child's life. The hospital did nothing. Why should their ability to recover from that hospital be artificially limited to some arbitrary cap?



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