

## **Scenario 5**

Dr. Stella Torres is a 47-year old anesthesiologist/intensivist who is caring for a 21-year-old college student who fell down a flight of stairs, had severe left-sided abdominal pain, and is now in surgery for removal of a ruptured spleen. Dr. Heidi Gostout successfully performed the splenectomy and the patient was transferred still intubated and with stable hemodynamics to the PACU. One hour later, Dr. Torres received a call from Nurse Stacy Smith.

Nurse Smith: Dr. Torres, would you please come quickly to the PACU? The patient with the splenectomy pretty suddenly has dropped his (systolic) pressures into the 80s; his heart rate has gone up to 125, and his abdomen has become distended. I've just hung a second unit of RBCs and opened all of his IV fluids.

Dr. Torres: I'll be right there. Have you contacted Dr. Gostout yet?

Nurse Smith: Our charge nurse just spoke with her. Dr. Gostout was apparently unhappy to be called and claimed that this was a normal postoperative response and not to worry about it.

Dr. Torres: OK, I'm on my way.

Dr. Torres arrives and finds the patient's hemodynamics to be unstable, his peak inspiratory pressures on the ventilator to be increasing, and his abdomen to be very tight.

Dr. Torres: Let's get a hemoglobin right away. And let's start a third unit of blood as soon as you get it from the Blood Bank. In the meantime, please hang a liter of Hetastarch and I'll start another iv. Stacy, let's get one of your staff to place a urine catheter and get an art line set-up. Did you say that Dr. Gostout didn't want to come see this patient?

Dr. Torres works with Nurse Smith to further resuscitate the patient for thirty minutes, gets an arterial catheter placed successfully, and the first postoperative hemoglobin comes back at 7.1 gm/dL.

Dr. Torres: OK, hemodynamically we seem to be catching up a little but it's getting difficult to ventilate this patient. I'm going to call Heidi and get her in here.

Dr. Torres: Heidi, this is Stella. That patient with the splenectomy is really having problems. The abdomen is really tight, I'm having trouble ventilating him, and we've now given a fourth unit of blood. You've got to get in her right away – I'm pretty sure we've got to get him back into the OR for bleeding.

Dr. Gostout: Are you crazy? It was a simple splenectomy. There's no way he's bleeding. You must have just given him way too much fluid and put him into pulmonary edema. I'm home. Get him fixed up.

Dr. Torres: Heidi, you're wrong. He's bleeding a lot and you've got to get back in here.

Dr. Gostout: No way. This is your problem. You take care of it.

Nurse Smith: Dr. Torres, I really need you back over here right now! His pressure is dropping.

Dr. Torres spent the next hour working with Nurse Smith and others to resuscitate the patient. Surprisingly, she did not escalate the level of assistance by calling other colleagues, another surgeon, or the head of the surgical group.

*Outcome:* After more than an hour of ongoing resuscitation, the patient developed even more profound hypotension and then had a cardiac arrest. A code was initiated and a responding surgeon helped Dr. Torres and the nursing staff rush to patient back into an OR. Unfortunately, the patient did not survive.

The patient's family subsequently filed a wrongful death and malpractice action against the hospital and both Dr. Torres and Dr. Gostout. The insurers met and settled with the family for a combined \$4 million.