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Medical Report
Forrest Gregg Stone

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Relevant Facts

Forrest was born at term on March 25, 1999 at 8:08 AM at Deaconess Hospital in Cleveland. The mother was a 32 year old G_2P_1 whose pregnancy was uneventful. There was no family history of bleedmg disorders. Birth was vaginal from the *OX* position; APGARs were 8.9. Facial bruising was noted at birth The infant's hospital records indicate that postnatal transition was achieved without difficulty. Feeding pattern was normal. The site of the vitamin K injection showed a bruise. Forrest was circumcised by Dr. Hudak (OB) in the afternoon of the nest day without difficulty. That evening, and again in the morning of the 3rd hospital day, Forrest's circumcision site was noted to be bleedmg. Dr. Go (Peds) and Dr. Hudak examined the infant and applied a topical pro-coagulant material. Dr. Go ordered a "CBC diff platelets stat – PT PTT if able to draw enough blood" (sic). The WBC was 9100, Hbg 18.5 g/dl, Hct 54%, and platelets "adequate on smear". Sufficient blood for the PT and PTT were not obtained. The bleedmg stopped and Dr. Go ordered the infant to be discharged to the care of his parents.

On March 31 the mfmt presented to Metro Health with a complaint of lethargy and twitching of the left side. A CT scm revealed an acute nght subdural hematoma with edema of the underlying brain matter; as well, clotting studies established the diagnosis of hemophilia A. The child subsequently underwent neurosurgical procedures to relieve the subdural hematoma and has also sustained infectious complicauons of the same.

Opinions

1. "lie nursmg staff at Deaconess Hospital functioned well within the standard of care in treating and discharging Forrest. At the time of his discharge on the 3rd postnatal day he was active, feeding well and manifest no indication of underlymg pathology except that his circumcision site had bled. I have performed well over 1,000 circumcisions in my medical career md can state with medical certainty that about 1 in 25 bleed, or ooze for a day or so. An oozing circumcision site is not grounds to hold up discharge to comperent parents, provided that foilow-up is in place; as well, it is very rarely a harbinger of an underlying clomng deficiency, such as hemophilia A. Dr. Go gave an order to discharge the infant. The only reason a nurse should quesnon, or not follow an order given by a physician is if she/he believes it will harm the patient.

Simply put, there was nothing present at the time of Forrest's discharge that could have, or should have caused the nursmg staff to believe that carrying out the order would harm Forrest.

2. This suit is based on the neurological injury sustained by Forrest consequent to his subdural hematoma. It is the plaintiff's contention that sufficient medical evidence was present at the time of Forrest's discharge to warrant investigation into his clotting status, that these tests would have produced a diagnosis of hemophilia A, and that armed with such information, the subdural hematoma (and thus the neurological injury) would not have occurred. It is my opinion that this line of reasoning is incorrect. The subdural hematoma most certainly occurred at the time of birth. The rapid change in pressures on the infant's head as it moves from the birth canal to the outside world is substantial and can lead to a variety of intracranial hemorrhagic events; in this contest, subdural hematomas are a well described variant of cranial birth trauma (when else would the subdural hematoma have occurred?). This statement begs the nest question: if the hematoma occurred at the time of birth, then why did the infant not demonstrate neurological symptoms until the 5th day of life? This time line is *classic* for a subdural hematoma. Post-traumatic bleeding into the subdural space is very slow and acute neurological symptoms are virtually never nsted. This lack of acuity is especially true in infants, because they do not have a closed cranial space, i.e., the "space-occupying-lesion" of the clot on the brain is offset by the malleability of the unfused skull bones. Thus, I contend with medical certainity that Forrest's subdural hematoma was present at the time of his discharge. Obtaining the diagnosis of hemophilia A on that dny would not have altered his neurological outcome.