

10/12/93
 No Comments made
 Comments attached
 Emissions/Revisions
 Firm requested

**EPIDEMIOLOGIC
 INVESTIGATION
 REPORT**

1. CASE NO. 921013CCC1010	2. INVESTIGATOR'S ID 8 5 1 6	3. OFFICE CODE 8 1 3
4. DATE OF ACCIDENT YR MO DAY 9 2 0 8 1 0	5. DATE INVESTIGATION INITIATED YR MO DAY 9 2 1 0 2 6	

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A six month old female was being bathed by a twenty-four year old aunt, in a bath seat, in a bath tub. The child and the bath seat tipped over into about seven inches of water. Apparently, while under water, the child suffered cardiac arrest. The aunt pulled the child from the water. The child was taken to the hospital where she died eight days later. This accident took place in the bathroom of the victim's parents apartment.

7. LOCATION (Home, school, etc.) Home	8. CITY 1 0 Alexandria	9. STATE Virginia V A
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10A. FIRST PRODUCT Bath Seat 4 0 2 2 5 1 0	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Safety 1st Inc. 210 Boylston St. Chestnut Hill, MA 02167
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10B. SECOND PRODUCT Bath tub 0 6 1 1 0 0 0 0	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A
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12. AGE OF VICTIM 2 0 6	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2	14. DISPOSITION Fatality 8	15. INJURY DIAGNOSIS Submersion/ Cardiac Arrest 6 9
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16. BODY PART All parts 8 5	17. RESPONDENT(S) (Mother, Friend) Aunt 1	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 3 OTHER 3 1	19. TIME SPENT 2 3 0
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20. ATTACHMENTS Multi 9	21. CASE SOURCE Referral from attorney 1 1	22. REVIEWED BY 8 6 5 2 YR MO DAY 9 3 0 2 0 1
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23. PERMISSION TO DISCLOSE NAMES (NON-BESS CASES ONLY) CPSC MAY DISCLOSE MY NAME (Mother & Attorney) <input checked="" type="checkbox"/>	CPSC MAY NOT DISCLOSE MY NAME (Aunt) <input checked="" type="checkbox"/>
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24. NARRATIVE (See instructions on Other Side) <u>PRE-ACCIDENT</u>	25. REGIONAL OFFICE DIRECTOR REVIEW DATE 2-1-93
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This bath seat was received as a gift, from the mother's sister-in-law around July 20, 1992. It was first used on approximately August 2nd, 1992. No other infants used this bath seat, other than the victim. The product was in a sealed box, when it was received from her sister-in-law.

The seat was used every day, once per day, until the day of the accident. It was used each time for about ten minutes. The mother consider her child to be a very active child and said the child was very active when in the bath seat.

The seat has the ability to swivel 360 degrees. On about the third day of usage of the seat, the seat was in the tub, with no one in the seat. An attempt was made to take the seat out of the tub. When the seat was pulled up, the bottom swivel section partially detached from the bottom of seat. The swivel section was then snapped back in place with two hands. The mother said that she only used the swivel feature of the seat one time, after that the seat was kept in a locked so it wouldn't swivel (see

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

PRE-ACCIDENT (continued)

photos 8,9,15,25 & 26). Both the mother and her sister (who was bathing the child, at the time of the accident) said that they had read the instructions for the bath seat. The both said that they found the instructions to be adequate (see photos 30-31). Both said that they had read and understood the warnings labeled on the bath seat (see photos 27-28 & 30-31). The respondents (the mother and her sister) said that there were no other defects, in the seat, that they knew of; it always seem to operated correctly, when they used it. They both said that they would check the hold of the suction cups when they placed the seat in the tub. When the suction cups were checked, it was always found that they were always sticking, according to the mother and sister. Both respondents said that they had never before had a problem the infant either slipping out of the seat nor had the bath seat ever tipped over, before this accident. Neither respondent ever considered the seat to be a hazard, before the accident. Both said that they had a clear understanding of how to use the bath seat. The seat was never modified or repaired (except the one time of the swivel section partially detaching).

The accident happened on August 10, 1992, at about noon-time. On this day before the accident, the victim had been in the bath seat for a total of about six to seven minutes, according to the mother's sister, who was bathing the child. The sister said that her niece (the victim) was attended by her for the entire time she was in the bath seat. She said that the victim was very active, the entire time she was in the bath seat. The victim was not handicapped or ill, in any way. The sister was not under the influence of any drugs, medication or alcohol.

The sister said that she ran about seven inches of water in the tub (see photos 1-4). She described the water as being warm but not hot. She said that she felt relaxed. The bath seat was placed in the tub before the water was in the tub. She said that she checked the suction cups before the water was put in the tub and after the water was in; in both cases, the suction cups were holding the seat in place; all four of the cups were attached to the tub bottom.

ACCIDENT

While the sister was watching the victim, the victim was watching a toy duck float from the bottom of the tub to the top. As the victim watched, her body was leaning at about a forty-five degree angle. At this time, the sister did not notice that any if the suction cups were loose. The victim reached to retrieve the toy duck; the sister did not notice that any of the suction cups were loose.

ACCIDENT (continued)

As the victim reached for the toy duck, the bath seat turned over, on its side, in the tub (see photos 4-9). The sister said that the victim's head was totally under water. The sister was asked how long it was before she grabbed her niece (the victim). She said that she grabbed her niece in about thirty seconds. Information from a consulting social worker (see ex. 1, pg. 13) states that apparently, the sister "panicked" for "some time" before grabbing the child. According to the attorney, that is representing the parents of the victim, reports from doctors, on this case, are that the child may have been under water for from three to five minutes, with another doctor saying that the child may have been under water for five seconds. The hospital medical report states that the near drowning caused prolonged cardiac arrest (see ex. 1, pg. 3).

POST ACCIDENT

The sister said that when she grabbed the victim, in the seat, in the tub, she had a problem removing the victim from the bath seat. When she removed the infant from the seat and tub, she briefly gave the child CPR (she has had no training in CPR). She ran, with the child, to the living room and tried more CPR, but saw no response in the victim's eyes. She then ran into the hallway of the apartment building and knocked on the doors of apartments. She was carrying the infant, while knocking on the doors. She finally got response. A nurse from the building responded and began CPR. Someone had called 911 and the child was taken to the elevator, which first went up to the top floor. The child was then taken to the bottom floor. After a few minutes wait, an ambulance arrived. According to hospital records, the rescue squad received the call at 2:07 pm and arrived at 2:11 pm (see ex. 1, pg 10). Also see ex. 1 pgs. 8, 11, 15 for hospital narrative information on the post accident situation. The sister said that emergency people told her that, at the time of their arrival, the victim was not breathing. According to the hospital report (see ex. 1, pg. 15), at the time the rescue arrived, the child was, "unconscious, unresponsive, pulseless, apneic, cyanotic and cool to the touch". The squad started CPR and took her to the hospital.

At the hospital, the child was put on life support systems and died on August 18, 1992.

PRODUCT INFORMATION (continued)

Age Labeling

"For Ages 6 months and older"
(see photo 36)

Dimensions:

Top diameter - 11-3/4"
Bottom diameter - 11-3/4" (see photo 17)
Height - Varying 7 1/2" to 9" (see photo 16)
Suction Cup diameter - 2-5/8" (see p. 23)
Bathtub - Outside - 58" X 30 1/2"
 Inside - 52" X 24"
Seat in Tub - 19" from faucet end
 23" from back end
 5" from back side
 6" from front side
 7" of water in tub

During this on-site investigation, close examination was made of the four suction cups, on the bottom of the bath seat. At the time of this examination, it was noticed that three of the suction cups had outer edges that curled toward the bottom of the bath seat, which created less of a "cup" effect for these three suction cups (see photos 15, 18, 20, 22). A fourth suction cup had its edges curved away from the bottom of the bath seat, giving in more of a natural "cup" form. (see photos 15 & 21.) During this on-site investigation, the bath seat was placed in the bath tub where the accident took place (see photo 6). With the tub bottom dry, the bottom of the bath seat was slightly lifted, by hand; the cup with the natural curve toward the tub bottom held in place (see photo 21); the others detached from the tub bottom. Water was then run in the tub so that all suction cups were completely covered. Again, the seat bottom was slightly lifted; all of the suction cups held, however the cup with the more natural cup shape seemed to hold better than the three that had a more flattened shape. The tub was then drained of water. Again, a slight pull was placed on the seat bottom, with the tub bottom wet. All of the cups held, under these circumstances.

VICTIM STATISTICS

DOB	1-30-92
Birth weight & length	6.9 pounds & 22 1/2"
Accident date weight & length	13 1/2 pounds & 23-24"

STANDARDS INFORMATION

Unknown

EXHIBIT DESCRIPTION

1. Medical Reports

(The police and Medical Examiner's reports have been requested)

Photos 1-44 Views of the product and accident environment

SAMPLES

None requested

ACCIDENT INVESTIGATION REQUEST FORM

6/II

X2A0267A1

D. Guses
10/16/92

Document Number See attached incident report
 Date of Incident 8/92 by Frederick Locker, Esq. Category I.D. SECT02/1992

Follow-Up Requested Hazard Analysis Section 15
 Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact Renee Rauchrichwalbe

Assignment Message Please interview mother and Aunt of deceased child to verify accident scenario. Inquire whether the child was at any time left unattended. If so determine if caretaker read the warnings on the product. Photograph product pay attention to warnings and, if available, photograph original packaging and instructions. Ask consumer if product is available if we wish to obtain at a later date.

Person(s) to Contact Photograph accident site using doll to demonstrate position of child when he/she slipped.

Ms. Tonya Green
161 Edsall Rd. Apt 309
Alexandria, VA

Guideline _____

Requested By RR
 Task Number 921013CCC/010
 Assigned to Nyc Date 10/13/92

Only one Page

X2A0267

After the CPSC met with manufacturers of bath seats and established labeling requirements on both the product and package, the CPSC engaged in a market review and enforcement program to ensure compliance. This Company was never targeted for corrective action by the CPSC, since it already incorporated such labeling on its product from the inception of its manufacture. However, the CPSC did sample the product and found it to be adequately labeled. Indeed, CPSC officials commented that they were impressed with the product and believed it to be extremely well designed.

On or about August 17, 1992, the Company was notified via telephone by a consumer, Mrs. Tonya Green of 161 Edsall Road, Apt 309, Alexandria, VA, who according to the Company was at times unintelligible, that on or about August 10th her 5 month old child drowned. According to the consumer, her 5 month old child was being bathed in a bathtub in the Company's Bath seat by her 24 year old sister. (Please note that the bath seat's box and instruction sheets state the seat is suitable for children 6 months of age or older.) According to the caller, while being bathed, the infant slipped out of the bath seat in the presence of her sister who thereafter "froze" and was unable to pick the infant up and prevent the infant from drowning. During this time, the infant's five year old sister was imploring her aunt to "pick up" the infant. When the infant was finally pulled from the water, he was rushed to the hospital where he expired a week later. Please note that the Commission is aware of two other drowning incidents (Toronto, Canada and Iowa) involving the Bath Seat.

(7) The total number of products and units involved.

Will be provided upon request.

(8) The dates when products and units were manufactured, imported, distributed, and sold at retail.

Will be provided upon request.

(9) The number of products and units in each of the following: in the possession of the manufacturer or importer, in the possession of private labelers, in the possession of distributors, in the possession of retailers, and in the possession of consumers.

Will be provided upon request.

OCT 13 1992

921013CC1010



FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

Fairfax Hospital
3300 Gallows Road
Falls Church, Virginia 22046

DEATH SUMMARY

GREEN, LATOYA

#157-84-68

ADMISSION DATE: 8-10-92

DISCHARGE DATE: 8-18-92

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it was decided to make the patient "a DNR patient." The patient was given some steroids and 24 hours later was extubated and died shortly thereafter. The parents were present and were given comfort care. The Alexandria Police was notified of the death, and this was to be a coroner's case.


CRAIG A. FUTTERMAN, M.D.

CAF:mdi:tbn:3019
D: 9-2-92; T: 9-7-92

Fairfax Hospital
3300 Gallows Road
Falls Church, Virginia 22046

DEATH SUMMARY

GREEN, LATOYA #157-84-68
ADMISSION DATE: 8-10-92 DISCHARGE DATE: 8-18-92
ATTENDING PHYSICIAN: CRAIG A. FUTTERMAN, M.D.

REASON FOR ADMISSION: Near drowning.

HISTORY OF PRESENT ILLNESS: Latoya was a 6-month-old black female who was admitted on 8-10-92 after having been found under water in a bathtub for an unknown period of time. At that point she was most likely in full cardiac arrest. She was carried by her caretaker next door in an adjacent apartment and then downstairs after the rescue squad was called. By the time the rescue squad arrived, she was found to be asystolic (or in V fib).

The child was brought to Alexandria Hospital Emergency Department where she was intubated and had a femoral intra-osseous line started. The first arterial blood gas drawn showed a pH of 8.51 with a pCO2 of 58 and a pO2 of 41. Another one drawn shortly thereafter had essentially the same blood gas. The child was given a large amount of bicarbonate and increasing the ventilation, and the next pH was 7.32 with a pCO2 of 18 and a pO2 of 393. After a very aggressive attempt at resuscitation, heart rate was achieved and the child was transferred to us.

PHYSICAL EXAMINATION: On arrival, her neurological exam included no evidence of trauma. There was an endotracheal tube in place. She was unresponsive. Her pupils were small and sluggishly reactive. She had no reflexes and was essentially flaccid with the exception of some periodic spontaneous respiratory efforts.

HOSPITAL COURSE: There was some evidence early in the course of the hospital stay of some possible seizure activity, and she was loaded with Dilantin. For the majority of the hospital course, I refer you to the interim summary dated 8-16-92, which takes you through a very detailed system review of that hospital course.

On 8-17-92, after having numerous discussions with the family,

(continued)

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Fairfax Hospital
3300 Gallows Road
Falls Church, Virginia 22046

INTERIM SUMMARY

GREEN, LATOYA

#157-84-68

ADMISSION DATE: 08/10/92

08/12/92

ATTENDING PHYSICIAN: CRAIG A. FUTTERMAN, M.D.

HISTORY OF PRESENT ILLNESS: Latoya is a 6-month-old black female who was admitted on 08/10/92 status post near-drowning and prolonged cardiac arrest. The patient was in her usual state of health until the day of admission when she was receiving a bath and it is unclear as to the exact details of the incident, but the child was essentially under the water for an unknown period of time and had cardiac arrest for at least 5 to 10 minutes and probably even longer. The patient's initial pH was 6.56. She was resuscitated at Alexandria Hospital and was transferred to Fairfax Hospital status post resuscitation. The patient was admitted to pediatric intensive care unit and today is hospital day 7.

HOSPITAL COURSE:

PROBLEM #1 - Neurology.

The patient on admission was intubated and sedated - therefore on examination the patient was unresponsive and her pupils were pinpoint and reactive. The patient started to have seizure activity on admission and the patient was bolused with Dilantin. The patient was bolused with 18 mg/kg/dose of Dilantin and then was started on 15 mg intravenous q. 12 hours. The patient had a head CT scan done on admission which was negative for bleed or trauma. A cervical spine x-ray was also done which was negative. The above two examinations were done because on admission the history was unclear as to whether the patient had trauma to the head before drowning and the circumstances were unclear but the scan was negative. The Dilantin level, after the bolus, was 7 and the patient's Dilantin dose was increased to 6 mg/kg/day. The patient was started on Fentanyl 10 mcg q. one hours and the patient received vecuronium times one for paralysis for EEG on hospital day 1. The EEG was done which showed a diffuse low voltage slowing. The patient continued to have pinpoint pupils which were sluggishly reactive. By hospital day 2 the patient was started on Fentanyl drip 50 mcg/hour which was increased to 30 mcg/hour in the day for sedation and the patient was started

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Fairfax Hospital
1300 Galtsoff Road
Falls Church, Virginia 22046

INTERIM SUMMARY

GREEN, LATOYA

#157-84-68

ADMISSION DATE: 08/10/92

PAGE TWO

on vecuronium 0.3 per kg/hour. The patient was having problem with increase in heart rate and blood pressure by hospital day 2 and Mannitol times two and Lasix times one was given to control the blood pressure and the heart rate. By hospital day 3 the patient still had pinpoint pupils and the heart rate and blood pressure were well controlled with Fentanyl 40 mcg/hour; vecuronium 8 mcg/hour and the Mannitol was that was given twice on hospital day 3. On hospital day 4 Dilantin level was checked which was 13. The patient was on Fentanyl and vecuronium. By hospital day 4 the patient had dilated pupils, increasing heart rate and increased blood pressure. The patient received a series of Mannitol and Lasix and a bolus of Fentanyl for better sedation and her pupils became small. On hospital day 3 and 4 her pupils dilated and then constricted about four to five times. By hospital day 4, the patient had a dilated pupil that was not responsive to Mannitol or Lasix. The patient's Fentanyl and vecuronium drip were stopped by hospital day 3 in order to have a good Neurology examination. On hospital day 5 the patient had a thorough Neurology examination. The patient had a dilated pupil of 5 mm on each side and they were reactive and the patient did have a spontaneous respiratory effort, otherwise all other neurological signs were negative; Cornea negative and was consistent with brain death. Her caloric test and Doll's eyes were consistent with brain death. She did not have any response to deep pain or any other neurologic examinations. By hospital day 6, her pupils were dilating and then constricting on their own and by hospital day 7, which is today, her pupils are smaller than before, but still 3.5 mm and very sluggishly active. Respirations becoming less regular, but does still have respiratory effort. It seems that she is heading towards chronic vegetative state. Blood pressure is still elevated and she is still on Dilantin 6 mg/kg/day and she is getting neurological evaluation every morning.

CONTINUED



FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

Fairfax Hospital
3300 Gallows Road
Falls Church, Virginia 22046

INTERIM SUMMARY

GREEN, LATOYA

#157-84-68

ADMISSION DATE: 08/10/92

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patient's capillary filling time is anywhere from 2-4 and is currently about 3-4 seconds.

PROBLEM #4 - Hematology.

The patient's admission hemoglobin and hematocrit was 10.2/30.1 and platelet count of 288,000. The prothrombin time was within normal limits 16.7/35, fibrinogen 352 and the patient had a d-dimer checked which was greater than 1. On hospital day 1 the patient's hematocrit decreased to 23.4 and patient had a transfusion of 10 cc/kg times two with Lasix and hemoglobin and hematocrit went up to 12.3/35.3 and has been remaining stable since then. The hemoglobin and hematocrit today is 12.6/37. The platelet count has remained stable and today is 293.

PROBLEM #5 - infectious disease.

The patient's temperature has been anywhere between 38 to 39.5. It tends to be central regulation and the patient's temperature goes up with the warming blanket and down with the cooling blanket. The patient did have sepsis workup on admission for high temperature and was started on cefotaxime. By hospital day 2, the endotracheal tube aspirate grew out gram-positive cocci and moderate gram-negative diplococci. The urine culture grew out greater than 100,000 group B Strep. The endotracheal tube culture came back identified as Staphylococcus aureus, heavy growth with many white blood cells. Therefore we switched cefotaxime to cefuroxime on 08/13/92 and the patient is currently on day 4 of cefuroxime and day 5 of total antibiotics. Lines on admission included an arterial line started in the right femoral and a left subclavian line was started. The patient was transferred with IO line which was discontinued once admitted to PICU.

PROBLEM #6 - general care.

The patient's weight was estimated to be 6 kilograms and all her medications were calculated with the patient weighing 6

CONTINUED



FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

Fairfax Hospital
3300 Collops Road
Falls Church, Virginia 22046

INTERIM SUMMARY

GREEN, LATOYA

#157-84-68

ADMISSION DATE: 08/10/92

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PROBLEM #2 - respiratory.

The patient was admitted on ventilation and her ventilation setting initially was IMV 20, title volume 145, PEEP of 5, FIO2 100%. The patient was weaned nicely overnight to FIO2 40% and ABG was 7.5, 29, 202 and 22.8. In order to keep her CO2 low and to hyperventilate this patient, the patient's IMV went up to 30, title volume went up to 150 and the PEEP went up to 6. By hospital day 2 on chest x-ray the patient seemed to have some air leak (pneumomediastinum). Therefore by hospital day 3 the PEEP went back down to 4, but the FIO2, IMV and title volume stayed. By hospital day 4 her CO2 went down to 20, 19, and 17. Therefore we decreased the IMV from 30 to 25 and title volume went down to 120 and PEEP stayed at 4 and FIO2 at 40. The Fentanyl and the vecuronium was stopped and the patient was allowed to breath on her own on top of the ventilation. By hospital day 7, which is today she is currently on title volume 120, IMV 19, PEEP of 4, FIO2 40% and the ABG showed 7.5, 26, 149. Her chest x-ray which has been the same for a couple of days now shows a pneumomediastinum and a bilateral lower atelectasis. She is breathing at the rate of 19 to 45 with saturation at 99%.

PROBLEM #3 - cardiovascular system.

Her heart rate has been consistently high since the admission between 130 to 200. The blood pressure has also been high since the admission, 130-165/85-105. The heart rate and blood pressure have been responding to Mannitol and Lasix for the last couple of days, but has not been responding well and has been staying pretty high. When she was first admitted, she had an episode of blood pressure decreasing to 80/40 and did require albumin 60 cc for resuscitation but has not needed any more fluids for decrease in blood pressure after that. Also on admission, the patient was started on dopamine 5 mcg/kg/hour which was decreased to 3 mcg/kg/hour and then discontinued by hospital day 2 and the patient has been doing well. The

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FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

Fairfax Hospital
3300 Collopy Road
Falls Church, Virginia 22046

INTERIM SUMMARY

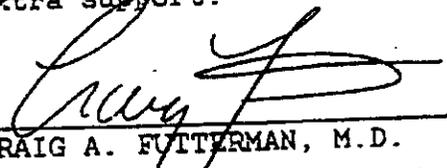
GREEN, LATOYA

#157-84-08

ADMISSION DATE: 08/10/92

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kilograms. The patient's fluid was restricted to increase blood flow to the brain. The patient's initial chem-7 on admission was the following. Sodium 138, potassium 2.4, chloride 109, bicarbonate 11, BUN 19, creatinine 0.9, glucose 329. The patient had a potassium chloride bolus 1 /kg/dose and 1 bicarbonate bolus which is 1 /kg/dose and the repeat chem-7 the next morning had a sodium 142, potassium 3.3, chloride 103, bicarbonate 15, BUN 19, creatinine 0.6 and glucose 115. The patient was started on normal saline through intravenous fluid at 5 cc an hour and 3 cc of normal saline through the arterial line. Serum osmolality was 298. The patient remained dry with 1/2 to 3/4 maintenance intravenous fluids and the chemistry has been stable with high osmolality. The patient was started on feeds by hospital day 6 through nasogastric tube feed, 2 cc an hour of Isomil and today the patient's feeds were increased to 4 cc an hour and the plan is to increase to 10 cc an hour by today. Abdominal girth has been stable at 35.7 cm. The patient has not had any stool except when on admission when she had a large amount of loose stool and then sloughing of the bowel. The patient does not have any bowel sounds, but the abdomen is soft. The plan is to continue with increase in nasogastric tube feed as tolerated and continue with intravenous fluids and give maximum support as we can until some type of decision is made whether to continue or to terminate the extra support.


CRAIG A. FUTTERMAN, M.D.

SK:CAF:mdi:lm:9125
D: 08/16/92 T: 08/18/92



FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

W 524-1

3300 Collores Road
Falls Church, Virginia 22046

HISTORY AND PHYSICAL EXAMINATION

GREEN, LATOYA #157-84-68

DATE OF ADMISSION: 8/10/92

ATTENDING PHYSICIAN: CRAIG FUTTERMAN, M.D.

REASON FOR ADMISSION: STATUS POST CARDIAC ARREST.

HISTORY OF PRESENT ILLNESS: Latoya is a 6-month-old black female who was in her usual state of health until the day of admission when she was receiving a bath and it is unclear as to the exact circumstances of the incident but the child was essentially under water for an unknown period of time and was found and pulled from the water by the caretaker. It is unclear as to whether or not the child had a pulse or blood pressure at that time. The caretaker gave one CPR breath and then the child was taken next door to a neighbor where the rescue squad was called. The rescue squad met the family in lobby of the apartment building where they live. At the time the rescue squad arrived, the child was apneic and pulseless. The documentation from the EMS people state that she was in V-fib (this may have also been kind of a rough flat line trace). The child was brought to Alexandria Hospital Emergency Room where very shortly after arrival, she was intubated and had a femoral interosseous line started. The first arterial blood gas drawn showed a pH of 6.51 with pCO2 of 56 and a pO2 of 41. Another one drawn shortly thereafter had essentially 6.56 pH, 74 pCO2, 107 pO2. The child was given a large amount of bicarbonate and the next blood gas after that 7.32 pH, 16 pCO2 and 393 pO2. After a couple of doses of Epinephrine the child had a palpable pulse and the pupils went from fixed and dilated to extraordinarily small and sluggishly reactive. The child was given more bicarbonate and another line was started and the child was then brought to Fairfax Hospital after some more ventilator adjustments. Arriving at Fairfax Hospital, the child was intubated and had two lines in (an IO, and left 22 gauge foot IV). The pupils were sluggishly reactive and pin point. There were some spontaneous breaths. After clearing of the cervical spine and establishing the patency of the airway the patient was transferred to CT where a CAT scan was done. The CAT scan showed no evidence of trauma and no evidence of pathology at that time. The child was brought to the pediatric intensive care unit. After arrival in the pediatric ICU, there was some cardiovascular instability including hypotension and tachycardia. The child was given some 5% albumin and the blood pressure quickly returned to normal. In addition, the child had been known to have some seizure activity and was loaded with 20 mg per kilogram of Dilantin. The child has had

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Ev 1-2.9



3300 Callows Road
Falls Church, Virginia 22046

HISTORY AND PHYSICAL EXAMINATION

GREEN, LATOYA

#157-84-68

DATE OF ADMISSION:

8/10/92

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some diaphragmatic spasms and the seizure activity appears to have stopped. She has had a subclavian line put in without event with good placement and no complications were confirmed by chest x-ray and a femoral arterial line as well. The child was noted to have now some foul smelling watery diarrhea which most likely is sloughing of bowel secondary to ischemia.

PHYSICAL EXAMINATION: Well-developed, well-nourished, 6-month-old black female who is intubated and unresponsive. HEENT exam shows no evidence of trauma. There is an endotracheal tube and nasogastric tube in place. Chest is clear. Heart is somewhat tachycardic and hyperdynamic. Breath sounds are clear bilaterally. There are no crackles or rhonchi noted. There is no prolonged expiratory phase. The abdomen is soft. There is no organomegaly. There is a right femoral arterial line in place. The extremities are cool and not very well perfused.

LABORATORY AND X-RAY DATA: PT and PTT are essentially normal. A DeDymer which is greater than or equal to 1.0 mcg per ml. Chemistries which show a creatinine 0.9, bicarb , potassium 2.4. Hematocrit 38.6, platelet count is 436,000. White count is 5600 with 18% segs, 15% bands, 66% lymphs.

ASSESSMENT: This young lady has suffered from what appears to be prolonged cardiac arrest. Documentation of that is at least 5-10 minutes and I would suspect that this is even longer. The child, most likely could not have suffered a complete cardiac arrest from just a few seconds under water and more likely the child was under water (if in fact, the patient was under water at all) for a prolonged period of time. The prognosis in this child is extremely poor having had a documented length of time in complete cardiac arrest and the initial blood gas with a pH of 6.56. I would expect the child to have significant increases in intracranial pressure and may potentially progress to brain death over the next 24-48 hours. The parents have been apprised of this very poor prognosis. In the meantime, we will give the child every opportunity that reasonably exist for a neurological survival including hyperventilation and restriction of fluid, maintenance of the head upright and in the midline position. Currently, the child

921013441010

L. L. D.A



FAIRFAX HOSPITAL
FAIRFAX HOSPITAL SYSTEM

3300 Gallows Road
Falls Church, Virginia 22046

HISTORY AND PHYSICAL EXAMINATION

GREEN, LATOYA

#157-84-68

DATE OF ADMISSION:

8/10/92

PAGE 3

has just spiked a temperature to 39 and we are administering Tylenol per NG tube and a cooling blanket to try to bring her temperature down. Once again, I feel that the prognosis of this child is extraordinarily poor. Child Protective Services has been notified and we will be working very closely with the parents to achieve the best possible outcome under the circumstances.

CRAIG FUTTERMAN, M.D.

CF/bp

D: 08/10/92 7888

T: 08/11/92

421013ULL1010

© Trademark of Immature Cornea

Fv 1 - Pa. 10



W 612-1

5300 Calloway Road
Falls Church, Virginia 22046
CONSULTATION REPORT

GREEN, LATOYA #157 84 68
DATE OF CONSULTATION: 8/11/92
CONSULTANT: TERRY WATKIN, M.D.
SERVICE: NEUROLOGY
REFERRING PHYSICIAN:

SUMMARY: Thank you for letting me see Latoya Green who is a 6 month old female who was admitted after a drowning in a bathtub yesterday. The story is quite hazy at this time. She was apparently in the care of her aunt, in a bathtub, and sitting in some sort of seat. She leaned over and apparently hit her head and was submerged. The aunt apparently panicked and it is unclear how long she was in the water. The rescue received a phone call at 2:07 pm and arrive at 2:11 pm. At that point she was in a full cardiac arrest. They were unable to intubate her in the field, and arrived quickly at Alexandria Hospital where she was intubated within one minute of arrival. Resuscitation was continued. The initial blood gas had a pH of 6.51 and a pCO2 of 56 and a pO2 of 41. She was stabilized and transferred to Fairfax Hospital, and, on the way to CT, began having seizures and was loaded with 18/kg of Dilantin. Cervical spine and CAT scan were unremarkable. She was brought up to the intensive care unit and has been basically stable. On admission to Fairfax Hospital she had spontaneous respirations, and pinpoint pupils. There was no other neurologic function per se. Over night she has been stable, although she is now on a low-dose Dopamine drip because of concerns of her renal output. She is also on Fentanyl and still is on Dilantin. She has not had any further seizures and the Dilantin level is pending from this morning. She has had some temperature instability and on occasion has been on a cooling blanket. She still continues to breath rapidly on her own at a rate of 40-50 respirations/minute. There has not been any spontaneous movement otherwise.

PHYSICAL EXAMINATION: Physical examination currently reveals a 6 month old who is intubated, and whose only spontaneous movement is her respiratory effort. She has no reaction to deep noxious stimuli.

Her pupils are 2 mm. I cannot see in her fundi. They are so small it is hard to say whether or not they react. Her extra-ocular movements are not present by a doll's maneuver. She has

421012CU 1010

Terry Watkin

3300 Gallows Road
Falls Church, Virginia 22046
CONSULTATION REPORT

GREEN, LATOYA #157 84 68

DATE OF CONSULTATION: 8/11/92

PAGE TWO

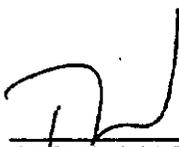
no corneal reflex. She has no facial grimace. She has no gag.

She is flaccid and areflexic.

To deep noxious stimuli she has no reaction whatsoever.

ASSESSMENT: A 6-month-old who is deeply comatose, whose only evidence of neurologic function is her pontine pupils and respiratory effort. I do not believe her low-dose Fentanyl or Dilantin in any way, shape or form contributing to her neurologic exam. Her pupils were pinpoint even prior to Fentanyl. Unfortunately it looks like she has sustained widespread neurologic damage, although it is too early to say anything with certainty. She does not meet any criteria of brain death with her spontaneous respiratory drive and her pinpoint pupils. Therefore I would recommend on-going full supportive measures and, at this point, it would be worthwhile checking her Dilantin level and obtaining EEG to make sure she is not in some sort of sub-clinical status contributing to her neurologic examination. Most probably in the next day or two she will develop some cerebral edema, and, if she starts deteriorating neurologically, it would be worthwhile repeating a CAT scan at that point. If, however, her neurologic exam remains stable over the next couple of days, that would be a very poor prognostic sign. Lets see how she does over the next couple of days and we will be a lot smarter about her ultimate outcome.

Thank you for letting me meet with Latoya and participate in her evaluation and care. I will continue to follow along with you.


TERRY WATKIN, M.D.

TW/eff
D: 08/11/92 7911
T: 08/11/92

921013ULL1010

F. I. A. H.

~~Reason for Consult~~ apparently tipped over seat, reportedly hitting her head as she fell. Ms Tillman states she (Ms. Tillman) panicked, was paralyzed for "some time" (sitter says she's not sure how long, but doesn't think it was very long). Ms. Tillman is not sure "where baby hit her head" - probably "on side of tub". Ms. Tillman reportedly applied CPR after scooping baby up from bath water. Reportedly, "a lot of white stuff came up". Ms. Tillman then ran out of house w/ baby, telling s.g.o. to follow, and began banging on doors to get help. Pt's s.g.o. sibling is now w/ Ms. Tillman, child's regular sitter, @ Ms. Tillman's home.

- III Problem: 1. Need for adjustment work
 2. Need for CPS investigation
- III Plan: 1. Adjustment work provided, including coordination of meet w/ medical team.
 2. CPS notified

17:00 8/10/92
 Patient Identification
 Latoya
 EB

SOCIAL WORK CONSULTATION
 Lenora Art, Now
 P-11520 SOC-447

Reason for Consult:

Pt is a 6mo. old black female admitted as a CPR reportedly after a fall from ring seat in bath tub. Case referred as a standing order for notification and adjustment work.

Chief assessment: Pt is unresponsive, having been transferred from Alexandria Hospital

Pt parents, Tanya and Gregory Green, who both work for military, are present in PICU. Father is quiet, sitting head bowed. Pt's mother is slightly tearful, but able to articulate her concerns. Family saw pt @ Alexandria Hospital. Mother reports that her sister, Michelle Tillman, 212-0023 was babysitting @ pt's home & pt and pt's 5 y.o. sister, Angelina. Both mother and her sister, Michele, whom worker talked to by phone, report baby in ring seat & sitter and sibling both in bathroom. Sitter reports pt reached for duck that fell out of seat, and in reaching for duck

17:00 8/10/92

Green, Tanya
157 84 68

SOCIAL WORK CONSULTATION

Z Leona Part. Now
x3201 Pst 1580
SOC-447
8.11

Date	
8/10/92.	PL-II Admit H+P
9:30 (P)	This is a 6mo 32 transferred from Alexandria Hosp
	slp near-drowning + Cardiac Arrest + Resuscitation
	Pt. drowned in a bathtub, circumstances not totally
	clear. Parents were not in a condition to answer
	for H+P Social worker was able to talk to them,
	careless, + the hx. is that Pt's (M) Aunt was babysitting
	the Pt + her 5yo sibling. Pt was sitting on her
	ring tube in her bathtub. She reached for her
	toy duck, + fell off the tube, + hit her head on the
	sides of the bath tub, + fell in the water. The
	Aunt was allegedly in the bathroom = the Pt, +
	when Pt. fell into the water, she froze for "some time"
	Then, she scooped the baby up from the water, +
	gave her a breath, + ran to neighbors for help.
	Neighbors called for help, + when EMS arrived
	to meet Pt (called 2:08 PM), she was unconscious,
	unresponsive, pulseless, Apneic, + cyanotic, + cool to touch.
	They started CPR, + took her to Alexandria Hosp.
	Pt was in full arrest she was intubated on arrival,
	IO lines put in for resuscitation Initial ABG
	showed 6.51/56/41/22% sat. After resuscitation,
	pupils were pinpoint = sluggish reactive + she had some
	spont resp. attempt. = was transferred to Fairfax
	for further management
	On arrival to Fairfax Hosp, C-spine was cleared,
	Head CT taken to clear for any trauma which
	was ⊖, then brought up to PICU.
	PMH: ⊖
	UKDA
	Ch med.
	Both parents in Army.

Cont'd

ADDRESSOGRAPH
 921015001010
 06976 157-84-68
 GREEN, LATOYA 193D F
 DR. FUTTERMAN, PED 7830
 F 01578468 6976

Fairfax Hospital
 INTEGRATED PROGRESS NOTES
 T. L. Pitt
 PSY-568778
 DATE 8/10/92

Date	
8/10/92 JAV	<p>OPT#1 Katerina: Prolonged intubation P. O2 sat parents to room placed on...</p> <p>OPT#1 Relieved to meet staff for history.</p> <p>OPT#2 unresponsive at that time.</p> <p>OPT#3 O2 sat 91 on med and blood tinged tan. B5 remain clear. KIDney perfusion</p> <p>OPT#3 ABG stable.</p> <p>OPT#4 Unresponsive to deep pain stimulus. pupils pinpoint + unreactive.</p> <p>OPT#4 intubation to persist. — Addition</p>
8/11/92	<p>OPT#1 Spoke to parents briefly, Dad in for brief visit. Mom states she's unable to come in dependent on updated information by Dr. Futterman.</p> <p>OPT#1 Parents distraught. Will suggest social work R/U.</p> <p>OPT#2 Not addressed, inappropriate.</p> <p>OPT#3 Present vent settings FIO2 70% / TV 150 / mmHg 20 / Resp 4. New flow sheet for ABG's + vent changes. Sustained yawn.</p> <p>OPT#3 O2 Sat 98-100%. Breath sounds clear bilat. bases. Sx for med → lg amt bloody/frothy ETT secretion, clear nasal secretions.</p> <p>OPT#4 Fentanyl 10mcg x 1, Fentanyl 20mcg x 1. Larval-like.</p> <p>OPT#4 Spontaneous movement & response to pain. Pupils remain pinpoint + unreactive. No further seizure activity noted.</p> <p>OPT#5 IVF Δ⁹ from NS to NSE 60mcg/kg @ 5c/hr. (L) Subduri CUL & (R) femoral A-line inserted. K⁺ 6meq on 3/hrs + Bicarb 6meq given as needed. Cooling blanket for T ↑ 39.2°C</p> <p>OPT#5 K⁺ 2.3 pmol/L pt increased, pressure ↑ 3.3. HR 160-180's BP 130-140's / 90-100's, MAPS 90-100's. Perfusion poor to cold extremities, faint pulses, bluish Ct T. Clapnet more O/P. — urine return grossly Ⓟ blood.</p> <p>T ↓ 37.5°C, cooling blanket off. HR ↓ 120's + BP ↓ 90's / 50's → Fentanyl. Albumin 5% 10a given.</p>

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Fairfax Hospital
 INTEGRATED PROGRESS NOTES

9210/RCL/D/O

T-1 1 P. 11
 PSY-544776
 PADS of 50

Date	
8/11/92 145	<p>PICU STAFF</p> <p>Neuro - reactive pupils, spontaneous Respiration - no S2 activity, now OPH = 7 - will 7 dose - EEG done today for baseline</p> <p>probably TICA monitor not used because it will not Δ outcome or predict outcome in this type of pt -</p> <p>ABG's adequate - good hyperventilation still somewhat tachycardia & good BP maybe too dry - will 7 fluids to 1/3 maint Cefazolin @ 5 mg/kg/min will 7 to 3 mg/kg/min marked temp instability noted -</p> <p style="text-align: right;">R. J.</p>
8/11/92 145	<p>TP#1 Knowledge: Dr. Futterman and Dr. Watkins have frequently updated parents on status and potential prognosis. Mom dad both in at bedside at frequent intervals for shot w/its.</p> <p>OPH 1 Parents have started asking approval questions. Both seem to begin to comprehend prognosis.</p> <p>OPH 2 inappropriate today.</p> <p>TP#3 Spontaneous temp as high as 65-70 O2's stable. ABG, stable</p> <p>OPH 3 No vent ding all shift. RWD. Status stable.</p> <p>TP#4 neuro: EEG completed. Seizure got started & additional bolus as indicated via vs.</p> <p>OPH 4 EEG results pending per Dr. Watkins interpretation</p> <p>TP#5 and #6 HR 70-80 BPA. CVP 5. perfusion good</p> <p>OPH 5+6 Albumin bolus and ^{100mg/kg} steroids indicated. Responded slowly but for short intervals. Discharge dical @ Admitted</p>

DEPT 150 1450-00
GREEN, 1930 F
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Fairfax Hospital
INTEGRATED PROGRESS NOTES
7-11-0-17 PSY-54476

Date 4/11/92
1200

Serial Wk notes
parents at bedside. State explained family to
move from New York / South to day. Both exhibiting
shock. have heard medical information prefer to
focus on possibility of improvement. Work / funds here
for support. sister (sister) here. applied to the
2 agencies / auditing statements characterizing severe chest
pain. - sent to the Indian Hill for pipe. / payed work
CP's involved in funding / appt. CP's work. My mother
Margaret Dillon 938-0400. to hold off on interview
to allow parents time to settle. parents angry at
State 100% support of sister. CP's should be
emotional status. appears to many aspects of incident.
Will follow to assist as needed.

Brian Zumbro
3/21/1923

8/11/92
10:00 pm

P-II Addendum

while suctioning ETT, noticed tube has slipped + extubated.
HR 108 SpO2 remained at 100%. Bagged in 100% O2 while
atropine 0.1mg, ketamine 6mg + succinylcholine given. Laryngoscopy
performed in oricoid pressure. pt intubated in size 4 unuffed.
ETT in complication, tube taped at 12cm at lip, bilateral RS
heard.

CXR post-intubation: ETT high -> advanced by 1cm.
Large cardiac shadow, clear lung fields.

HR ↑ max 202 BP ↓ 70/40's R 50cc of 5% albumin,
hemodynamically responded in HR 190's BP 90's/50's.

7pm

$$\begin{array}{c}
 7.8 \\
 \diagup \quad \diagdown \\
 10 \quad 23.4 \quad 249 \\
 \diagdown \quad \diagup \\
 22^S \quad 36^B \quad 34^L \quad 44^U \quad +^E
 \end{array}$$

In view of persistent tachycardia, ↑ hematocrit in temp instability
(anemia vs infectious) DM for Ramsey - for 2 x 100cc/kg aliquots
of blood, par culture + start on cefotaxime 100mg/kg/day q6

06376 297-04-58
 02. CUTTERMAN, PEO 7830
 01578458 6976
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Fairfax Hospital
 INTEGRATED PROGRESS NOTES

021017111710

FEL 1 - 1/16

Date	
8/12/92	Nursing 1910-0700
0445	OP#1 Parents + family in for brief visits. Updated on pt's condition. Mom + Dad home for night, grandmother here.
	OP#1 Distracted family, still hoping for improvement in pt's condition
	OP#2 Not appropriate due to poor prognosis.
	IP#3 While suctioning @ 2125, ETT slipped out - pt. extubated. Bag/mech ventilated prior to reintubation @ #4.0 uncuffed ETT roughly taped @ 13cm, p CXR taped @ 12cm lip level. Atropine (HR 610's Succinylcholine, Ketamine used during intubation. Smooth intubation @ first attempt, 2x Sats remained 99-100% throughout procedure - feasible. CXR verified placement. Present vent settings are F10; 40% / TV 150 / IMV 22 / Prep 4. No changes made except for ↑ IMV from 20 to 22. See flow sheet for ABG results. SpO2 from 92-3 hrs
	OP#3 On Sats 99-100%. Breaths sounds @ lungs, noted bilat, especially prior to Lasix administration. Occasional breaths above vent. Suctioned for food ent tan + bloody ETT secretions, copious clear oral/nasal secretions.
	IP#4 Mennitol 2 grams for SJS ↑ ICP (↓ HC, ↑ OP - Pupils changed from PP & fixed to 3 mm + fixed). Gentanyl X1 15mg + T amp do 20 mgs/hr.
	OP#4 Continues to arch head frequently. Pupils larger in size, remain fixed. Unresponsive.
	IP#5 #6 Albumin 5% 45cc for BP ↓ 70's/40's. PROCS 120cc total as ordered. IVF's changed - see flow sheet. Prescriptions DS 1/3 NS @ 7cc/hr; Gentanyl @ 4cc/hr; A-line @ 3cc/hr + CVP @ intermittent reading. Lasix X 1.
	OP#5, #6 HC fluctuating 110's-140's, BP ↑ 120's-130's/60-80's MAPS 90-100's. Perfusum remains poor @ cold extremities; faint pulses (FT sluggish @ times 2-3 seconds).
	CPR 6-8. In discussion Lasix. AM labo pending. (K) (V) (G) (A)

06976 ADDRESSOGRAPH 57-84-38
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Fairfax Hospital
 INTEGRATED PROGRESS NOTES

1 1 1 10 PPSY-SAMR76

Date: 1/12/92
 HEV 90-100's, OPT 150's/80's - MAPS 100-110's. Mannitol 2 grams
 0620 Lasix 3mg given as ordered. Dr Lee spoke to
 Grandmother re: pt's unstable condition.
 IMV 124. K. Ludwig

1-12-92 Neuro-
 EEG showed diffuse low voltage slow -
 Events of night noted - pupil dilatation -
 Alexia/Orbita/BP - responding to mannitol -
 intermittent posturing -

Exam shows she is still comatose -
 pupils 3mm min Rx - o/e balls -
 o/corneals - o/facial grimace - o/gag
 Flaccid reflexic
 still breathing on her own -

A - Neuro wise - no Δ - her events
 of the night are 2° to ↑ ICP
 Kernian symptoms - she is on
 maximal support - & most likely
 her neuroprognosis is very poor -

1/12/92 PICU STAFF T. D. Clark
 1023 evidence of ↑ ICP overnight
 ↑ BP, ↓ HR, pupils began to dilate
 mannitol, Lasix, & pacer helped -
 pt still flaccid + avn - reflexic
 will begin NMB & vecuronium + deeper
 sedation -
 Dopamine off - better perfusion
 lungs clear good ABG's
 urine output ok but Bur/Kr ↑ ICP
 Received Blood last night (over)

06976 ADDRESSOGRAPH 157-84-68.
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Fairfax Hospital
 INTEGRATED PROGRESS NOTES

Date	
8/12/92 1200	TP #5 and #6 (cont'd) 2nd dose of marinated Zymox given @ 11:30. Intermittent.
(12:00)	Multiple maps remain. 130-135. History long. Detached. 20 min below given @ 11:30. Repeatedly will to read. In BP 135/51 at 10:5. (all printed and prepared veta signs direct.)
	OP# 5 and 6 urinary output ↑ due to marinate and veta. Veta signs remain elevated but not improved. Temp 37.2 and regulated by keeping with blanket. Will continue to monitor. — Admitted
13:00	HR # 172 PEGGY LU resident aware. — Admitted
8/12/92 1400	Social work met. Extended family here for support. Sister here remained stressed not ↑ veta - family very protective. Father appears gaining from his behavior. Fair support of mother. Dr. Walker met in family. Parents appear aware of status - optimistic & more grateful from hospital. Patient feels her to meet in parents. Family begin focusing on pt letting her lead as caretaker. Informed in support of mother. She remain interested - family working to garden.
	Barbara Zimberoff 3201 8/12/92
20:00	TP #5 and #6
	Maps up to 150. marinate given as ordered. Room quiet and lights off. maps + 110. GO & OP# will be closely monitored. — Admitted
	Nurses Notes
8/13/92 0100	TP#1 - Multiple family members in/out of pts. room. Repeatedly asked if today was the day we "turn off that machine" (pointing to ventilator). Informed family that pt is sedated & paralyzed @ present and could not breathe w/ ventilator. Physician also reinforced this as well as waiting for further testing & stabilization followed by explanation Fairfax Hospital + options after results.

06976 ADDRESSOGRAPH 157-84-88
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 8 10 92 1 30 92

Family verbalized understanding of pt's condition. INTEGRATED PROGRESS NOTES. Family verbalized understanding of pt's condition. 8/21

Date	
8/15/92	Social Work
18:30	Worries took care of pt's nurse, Christine @
	pt's bedside. Only one family member is
	apparently present in hospital. But relative,
	a male, is asleep in Consult Rm #1. Worries
	will find nurse to contact her or an-call worker
	Call at 9 P.M. - via operator as needed.
	Zionna Part, MSW
	X3201 Page 1580
	Dolbina Zampre, MSW
	X3201 #1923

06976 157-84-68
 GREEN, LATOYA 1930 F
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 8 10 92 1 30 92

Fairfax Hospital
 INTEGRATED PROGRESS NOTES

H. I. - P. 22

Date	
	<p>cont. on Bur/Cr on the rise CFT's elevated also - ASS. T Do not expect 16- to survive 24 hrs - in spite of full measures - Parents agree</p> <p style="text-align: right;"><i>[Signature]</i></p>
<p>8/13/92 14/01</p>	<p>Social Work note family continuing to gather - supportive all appear actively grieving. Anger projected at Police for suggesting blame. Still attempting to arrive at blame - looking at child's seat from State & difficulty trusting pt - Refusers support in place. Family supporting mother - appears to & protect today - actively grieving. Mom unable to tell & go out to meet yesterday appears to decline her ability to cope. Suggests for child family discussion. Susan Burns to follow in my absence</p> <p style="text-align: right;">Butler Zumbardo 3201 J#1923</p>
<p>8-13-92 1730</p>	<p>IP# 4+6 - nursing progress report. - Pt cont. to have intermittent episodes of HTN & MAP's 150-170/90-100 & HR 170-180's & pupils increasing to 5-8 in size & minimal reaction. Pt gain monitored x3 and weighed x1 for HTN & pupils & HR. OP# 4-6 - p monitored; pupils & and were reactive. BP & 150/90-100's. Keled & BP 140/100's for & 30 min & BP then ting 170's/110's. IP# 6 - Pt temp & 102.2 (this pm). Pt placed on Cooling blanket and given pediaapfen. OP# 6 - temp & 97.1 (2). Cooling blanket turned off 7:45 min.</p> <p style="text-align: right;"><i>[Signature]</i></p>
<p>8/13/92</p>	<p>18:30 Soc. L. W. note</p>

16976
 GREEN, LATOYA 1930 F
 R. FUTTERNAN, PED 7830
 01578468 6976
 8 10 92 1 30 92

Fairfax Hospital
 INTEGRATED PROGRESS NOTES

Date	
8/14/92 8:30 (A)	Cont'd Home $\begin{array}{r} 17.2 \ 13.3 \ 316 \\ \hline 38.4 \end{array} \quad \text{--- stable}$
	ID 8 T 99 - 99 (variable) Trach App. growing Staph Aureus & many WB's - changed ABX from Cefotaxime to Cefuroxime Cont checking sensitivity on cultures
	F.E.N. ID = 23 cc/kg/d 1.8 cc/kg/hr. currently receiving A-line 3cc/hr (NS) D5.W = 40 meq KCl/l. 9cc/hr. = 12 cc/hr (1/2 maint) $\begin{array}{r} 147 \ 112 \ 22 \ 114 \\ \hline 3.7 \ 16 \ 1.2 \end{array} \quad \text{--- OSM 303}$ Cont & current intake + v Chem 7 @ 6° <div style="text-align: right;"><i>Janet K...</i></div>
8/14/92 0915	IP#1 Knowledge: family aware of Dr. Watkins finding of neuro exam. OP#1 family aware of intended apnea test. OP#2 pt condition poor. IP#3 intended to be done this morning to be determine risk level. OP#3 vent settings remain on Δid suctioned for secret clear secretions. IP#4 Dr. Watkins performed labia test. Results were unresponsive. phisic line diluted and fixed. clonus not noted on both feet. OP#4 will repeat neurological exam by attending. --- (M7) Admitted

ADDRESSOGRAPH
 06976 157-84-68
 GREEN, LATOYA 193D F
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Fairfax Hospital
 INTEGRATED PROGRESS NOTES

T-1-124 PSY-544R76
 PAGE OF 01

Date	
2330 8/14/92	IP#3 despite wearing IMV from 27h 19. EtCO ₂ has remained 18-19. when tmv weaned from 21-6-19 spontaneous shallow respirations noted between vent breaths- DR. Lee notified- assessed babe orders to ↓ TV to 130-OP#3- will cont to assess
0005	IP#1 mom grandmother and various other family members- visiting- briefly 2 at a time- grandmother now holding Latoya- Latoya's great aunt at bedside also- mom does not want to hold Latoya at this time explaining she wants to remember + add Latoya climbing around in her lap- grandmother says dad also does not want to hold Latoya at this time- OP#1 cont to offer emotional support to family Boquet
0520	OP#3 - cont & spontaneous resp- shallow & minimal air exchange - inspired TV ~30-60- OP#3- vent weaned for 60 pCO ₂ IP#4- resp status as noted - tachycardic hypertensive pupils - unequal/equal - a response to a response muscle tone flaccid - a response to painful stimuli OP#4 & Air neuro status IP#5- NPO NGT to CCWLS minimal out - DFC maint UDP ↓ <CC/kg/hr & ↑ spec grav - OP#5 fluids < maintain pace - inform HO of HOP IP#6- afebr - VS as above - mild edema - OP#6 hypertension + tachycardia - ? due to neuro status - adequate peripheral perfusion Boquet Boquet
0640	IP#3- wheezing- 140 Albuterol

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 REEN, LATOYA 193D F.
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 8 10 92 1 10 92

Fairfax Hospital
 INTEGRATED PROGRESS NOTES

to 1. 175

Date

15 Aug

Neuro - on 8 meds -
Breathing @ a rate of 30
Pupils small - 2mm -
to dolls -
to facial grimacing to tag
Flacid Areflexic
u Rx to deep pain

A - Comatose - some preserved minimal
brainstem function - Prognosis
for meaningful recovery is very poor -
if she survives - may very well be
vegetative -

Thackin

16 Aug 92
0445

Her mom called to / on Latoya - Grandmother
great aunt and aunt came in about 1030 PM
all three verbalizing concern about how long Latoya
will stay like this - great aunt most verbal and
angry - aunt stayed at bedside helping to
change lotion, linen and care eye care -
all three stayed the night at the hospital
when visiting policy explained (one parent per
child) great aunt said "When Latoya leaves
then we will leave" - Explained further that if
we needed her a place for a parent to stay
I ~~may~~ may need to disturb them - Great
aunt stated "no one could make them leave"
Since there was still room to sleep I left it
at that they have all taken turns coming in
for short visits. OR# 1 - In spite of assertions

36976
GREEN, LATOYA
DR. FUTTERMAN, PED 7830
F 01578468 6976
9 10 92 1 30 92

Fairfax Hospital
INTEGRATED PROGRESS NOTES

Fri 1 - 10 26
PSY-5441778

Date	
2/16/92	PICU STAFF
1200	pupils still 3mm + very sluggish. - respiratory -
	becoming less regular - headed toward
	a chronic vegetative state - BP still elevated
	ABG's good -
	STARTING hcl feeds -
	Awaiting legal decisions before decisions
	made -
	<i>[Signature]</i>
2/16/92	1P#1 (Joanna) commander military officer over Mrs
1300	Green in to see Dr. Fut & ask questions re what
	could help surgically family (during when stopped
	extent. She states family has deteriorated
	P. Fingering & are upset by conflicting stories
	they have heard from Neurologist & Internist
	regarding child's outcome. The family have stated
	that they accept the fact that Latoya is "gone" &
	"We" won't let her go to heaven due to a pending
	investigation that should of been done by now -
	Several family members have come in throughout
	the day but no contact from parents -
	The commanding officer acknowledges understanding
	of situation & would be a strong & good source
	of support & strength for the Green family.
1500	1P#5 Feeding ↑ to 6cc/kg with stable 36.5cm
	of stools - 1/2 cup decrease - dark stool .7cc/kg
	No. Intermittent diarrhea - 1V stool (to maintenance
	of) several lines in good urine - BP ↓ slightly today
	Child is increasing in weight - 4.5kg
	OP#5 Interacting with family members -
	1P#6 HR 172 BP 125/80 MAP 99 Adequate perfusion
1800	OP#6 C's Status good -
	OP#3 Resp Status stable no vent changes Sat's 100%
	Continue in Neb of 4% <i>[Signature]</i>

ADDRESSOGRAPH

06976 157-84-68
 GREEN, LATOYA 1930 F
 DR. FUTTERMAN, PED 7830
 F 01578468 6976

Fairfax Hospital

INTEGRATED PROGRESS NOTES

FR 1-16-92

PSY-344173

Date

8/2/92
 Neuro - brief exam on 8/2/92 at 11:00 AM. Patient
 is in bed. Spontaneous, but not purposeful
 movement. No response to painful stimuli. No
 response to verbal commands. No eye opening.
 Pupils are 4 mm, equal, and reactive to light.
 No gag or cough reflex. No bowel or bladder
 control. No sweating. No temperature regulation.
 No response to pain. No response to heat or cold.
 No response to touch. No response to vibration.
 No response to sound. No response to smell.
 No response to taste. No response to thirst.
 No response to hunger. No response to fatigue.
 No response to fear. No response to anger.
 No response to happiness. No response to sadness.
 No response to surprise. No response to disgust.
 No response to shock. No response to stress.
 No response to relaxation. No response to rest.
 No response to activity. No response to exercise.
 No response to sleep. No response to wakefulness.
 No response to consciousness. No response to awareness.
 No response to thought. No response to feeling.
 No response to perception. No response to cognition.
 No response to memory. No response to learning.
 No response to problem solving. No response to decision making.
 No response to communication. No response to social interaction.
 No response to cultural norms. No response to religious beliefs.
 No response to moral values. No response to ethical principles.
 No response to legal obligations. No response to civic duties.
 No response to professional responsibilities. No response to family roles.
 No response to community contributions. No response to societal expectations.
 No response to personal goals. No response to life aspirations.
 No response to self-actualization. No response to fulfillment.
 No response to meaning. No response to purpose.
 No response to hope. No response to faith.
 No response to love. No response to compassion.
 No response to kindness. No response to generosity.
 No response to honesty. No response to integrity.
 No response to courage. No response to bravery.
 No response to resilience. No response to perseverance.
 No response to determination. No response to resolve.
 No response to strength. No response to power.
 No response to influence. No response to leadership.
 No response to authority. No response to respect.
 No response to honor. No response to dignity.
 No response to pride. No response to honor.
 No response to shame. No response to embarrassment.
 No response to guilt. No response to remorse.
 No response to regret. No response to repentance.
 No response to forgiveness. No response to reconciliation.
 No response to peace. No response to harmony.
 No response to unity. No response to solidarity.
 No response to cooperation. No response to teamwork.
 No response to collaboration. No response to partnership.
 No response to friendship. No response to camaraderie.
 No response to brotherhood. No response to sisterhood.
 No response to kinship. No response to family.
 No response to community. No response to society.
 No response to humanity. No response to humankind.
 No response to world. No response to universe.
 No response to nature. No response to environment.
 No response to life. No response to existence.
 No response to death. No response to mortality.
 No response to eternity. No response to infinity.
 No response to eternity. No response to infinity.

8/1/92
 P:30
 PI-11 AD:
 HD #8 for Near Drowning; s/p Cardiac Arrest

① Neuro: still ⊕ ~ 3mm sluggishly reactive pupils + weak effort.
 Pt. prob in vegetative state

② cont on Dilantin, 6mg/kg D
 Last level = 13

③ Resp: TV 120; IMV 19 PEEP 4 FiO2 40%
 RR 20-45 100% Sat Cmt'd

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 INTEGRATED PROGRESS NOTES

Tr 1. 179 PSY-SAM78

Date 8/17/92

Pediatric ICU Attending: UNL

6MOBF ex severe HIE of no evidence of cortical function, & variable brain stem function. Current status is exhibiting spontaneous respiratory effort & without the pupillary response to light is variable, in my opinion she exhibits awareness (R) & (L) & they were both minimally reactive. There is no gag or doll's eye & no gross motor activity. PCO₂ is in mid 20's - On no neuromuscular blockade or sedative or analgesic agents.

After explaining the differences between prognosis of cortical brain function & brain stem function, parents & I informed them of her lack of evidence of cortical function & explained that there will be good evidence that she could exist & survive off of the ventilator, although how long she would last would depend on her airway protection capabilities & further explained that I really couldn't predict whether she could protect her airway enough to last very long & I informed them that she is most likely to continue in a persistent vegetative state (PVS) if she does survive. This HIE beyond this hospitalization.

(over)

Fairfax Hospital

INTEGRATED PROGRESS NOTES

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 06976 157-84-58
 GREEN, LATOYA 1930 F
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 F 01578468 6976
 R 10 92 1 30 92

6-12

7-102

Date

8/17/92 DNR (continued) Notes:

After offering the option of tracheostomy & up re-intubation & DNR, the parents fairly quickly decided that they wanted to honor patient's wishes & not re-intubate & further resuscitate. No CPR / chest compressions, cardiopulmonary resuscitative agents, fluid boluses etc. should she have pulmonary or cardiac arrest. I assured the parents that in the event that she might still have the capacity to experience pain, we would administer analgesic medication if it was indicated. We will give 240 of Decadron to prevent airway edema & stridor & extubation & plan for extubation 1200h on 8/19/92

J. Janssen

1976 157-84-68
 KEEN, LATOYA 193D F
 L. FUTTERMAN, PED 7830
 01578468 6976
 1 10 92 1 30 92

Fairfax Hospital
 INTEGRATED PROGRESS NOTES

EV 1-10-91 PSY-544776 PAGE 11 40

Date	
8/17/02 1630	<p>W. G. Chan</p> <p>(S/D) 6 Mo ♀ s/p Nearrowning a No Response Length/Ht stated as 61 cm (24 inches) Wt stated as 6 kg (13 lb)</p> <p>Length measured today = 27 inches</p> <p>Receiving ND feedings of 150ml @ 15 q/h</p> <p>(A) 240 6 kg, RR + 10% → 350 kcal/day (+ activity). Usual requirement for age (105 kcal/kg) ~ 630 kcal</p> <p>Volume @ 25 cc/hr would provide ~ 350 kcal</p> <p>P: ① Request accurate wt ② full assessment needed re weighing for full nutrition support</p> <p>St. Andrew RD</p>
8/17/02 1630	<p>IP#1 Knowledge: Dr. Kanvick spoke to parents regarding options for care. See his note of today. Parents have requested intubation. Family have been explained expected outcomes etc.</p> <p>OP#1 Family is ready for whatever the outcome. Very sad and is emotional pain regarding pts present status</p> <p>IP#3 Resp: Vmt AS as flow sheet indicates.</p> <p>OP#3 ABG: Stable.</p> <p>OP#4 VS Stable. Reville. ——— Admitted</p>
8/18/02 0530	<p>P#1: Knowledge defect of plan of care.</p> <p>I: Tackled multiple family members including non-y sis Are aware of plan to extubate today around 10am explained parents of vent rate & Satya's respiratory status</p> <p>E: Parents appreciating and best ready for the extubation - mother hopeful that Satya will "breathe good. together"</p> <p>P#2: Discharge/Transfer</p> <p>I: Not addressed - not appropriate at this time</p> <p>P#3 Alteration in Resp Status</p> <p>I: MV + 12 → 16 is good ABG - RR 26-30 is good breathe irregular</p>

ADDRESSOGRAPH and of varying volume (as shown) could (the page)

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Date	
8/15/92 1530	<p>As planned (12:07) while still in room just heard sirens "Miss New... " (unclear) ... given to ... to be returned to ... care done. ————</p>
8/18/92 1535h	<p><u>Death Note:</u> Latoya had her ECG synchronized prior to intubation & her family in attendance, she was extubated & Latoya took 3rd breaths & there was clinically & ed tidal volume & following this she became apneic & bradycardic for several minutes during which asystole. She was pronounced dead by me at 1:22:26 & the parents were comforted & the next Detective Kapoly of Alexandria Police Department were notified.</p>

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8 10 92 1 30 92

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INTEGRATED PROGRESS NOTES

Dr. 1-0??

PSY-64476
PAGE 6 OF 50
CAT. #80-000

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

You are hereby authorized to disclose my name and address with the information collected on this case.

My identity is to remain confidential.

Danys B. Green
(Signature)

9/21/14
(Date)

U. S. CONSUMER PRODUCT SAFETY COMMISSION

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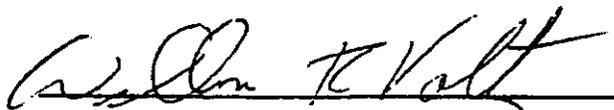
Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.



You are hereby authorized to disclose my name and address with the information collected on this case.



My identity is to remain confidential.



(Signature)

12-14-92
(Date)

U. S. CONSUMER PRODUCT SAFETY COMMISSION

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You are hereby authorized to disclose my name and address with the information collected on this case.

My identity is to remain confidential.


(Signature)

12/14/92
(Date)

921013CCC1010



PHOTO 1

Over-all view of the bath tub where
the accident took place.

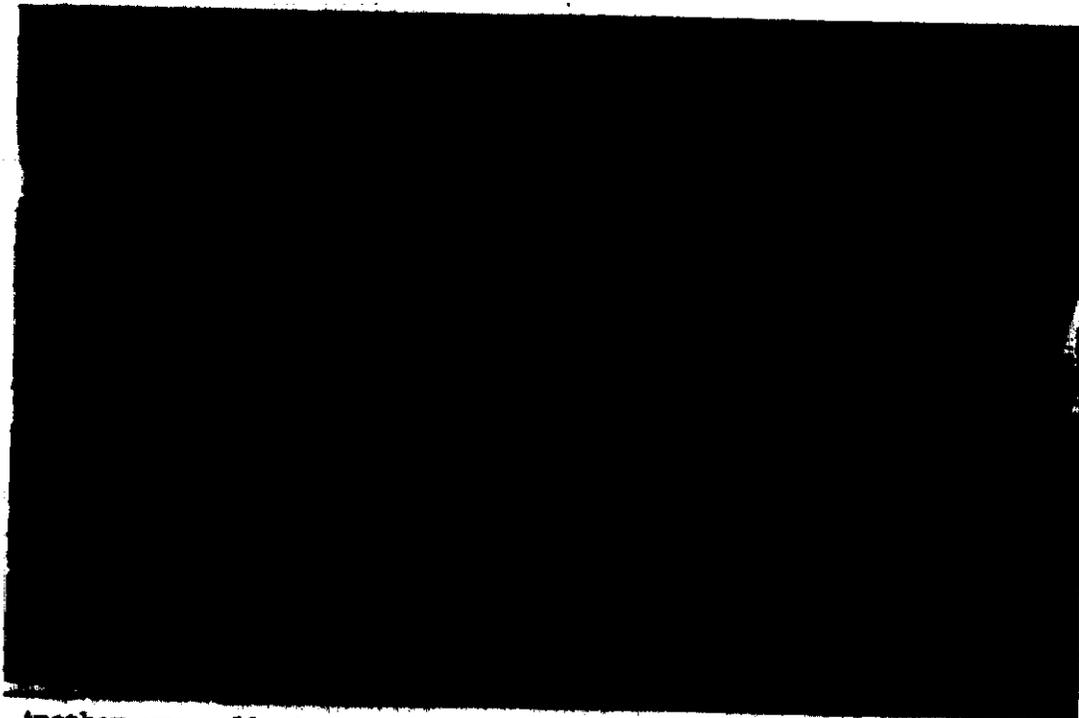


PHOTO 2

Another over-all view.

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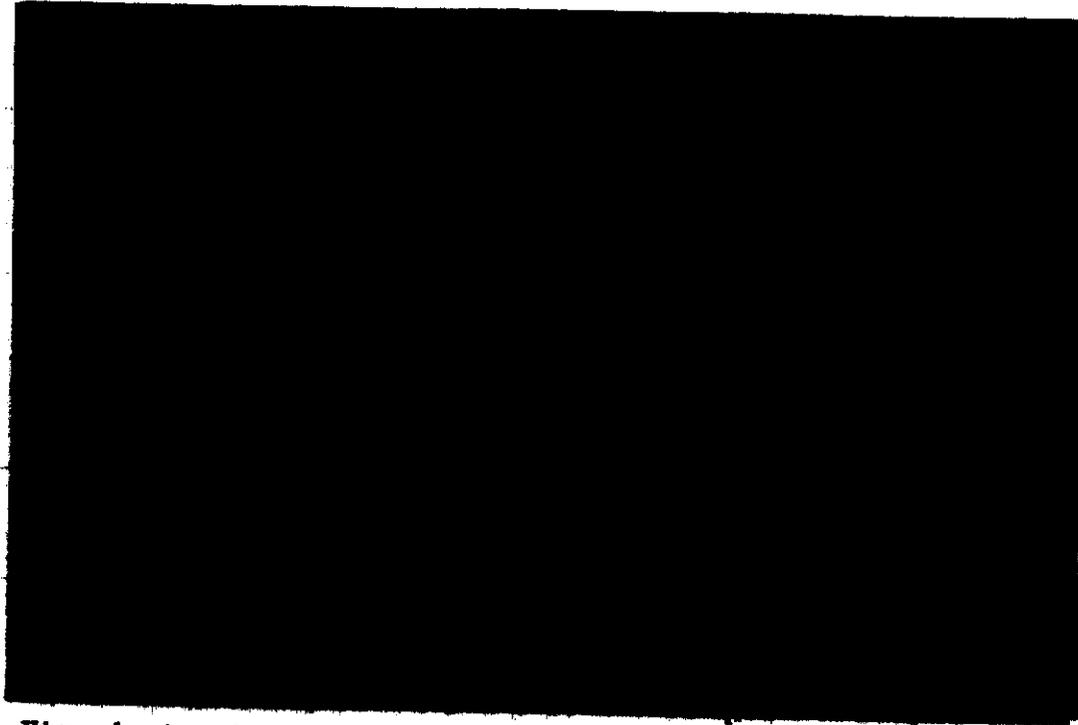


PHOTO 3

View showing the bottom of the bath tub where the accident took place.

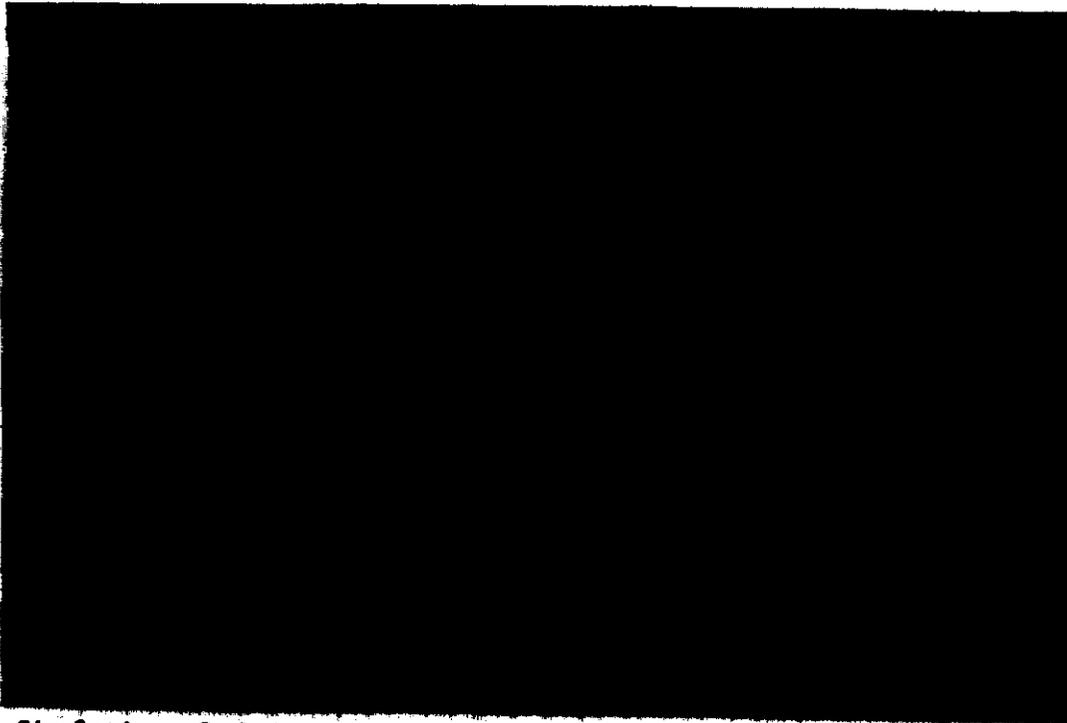


PHOTO 4

Simulation of the accident, showing how the child was positioned just before the accident. The water was about seven inches high in the tub, at the time of the accident; the water was even with the bottom of the top rail of the bath seat. The marks of the victim was present during this on-site investigation to show this positioning of the bath seat.

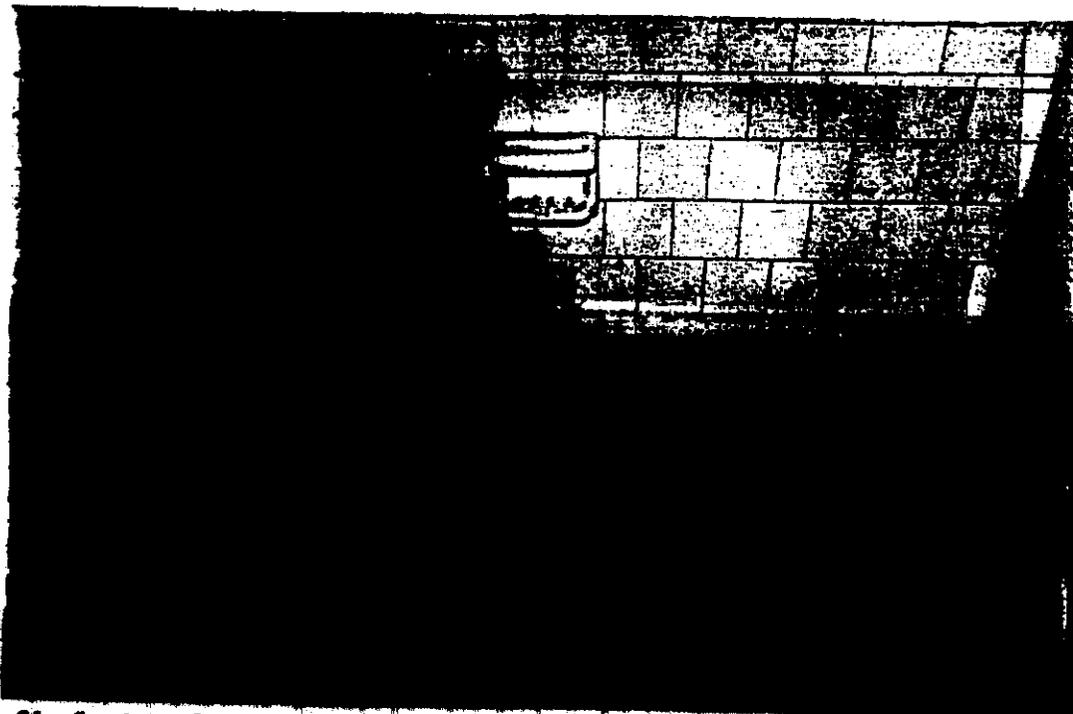


PHOTO 5

Simulation showing how the bath seat tipped over in the water. The Task No. card, on the side of the tub, has its top edge about seven inches from the bottom of the tub.

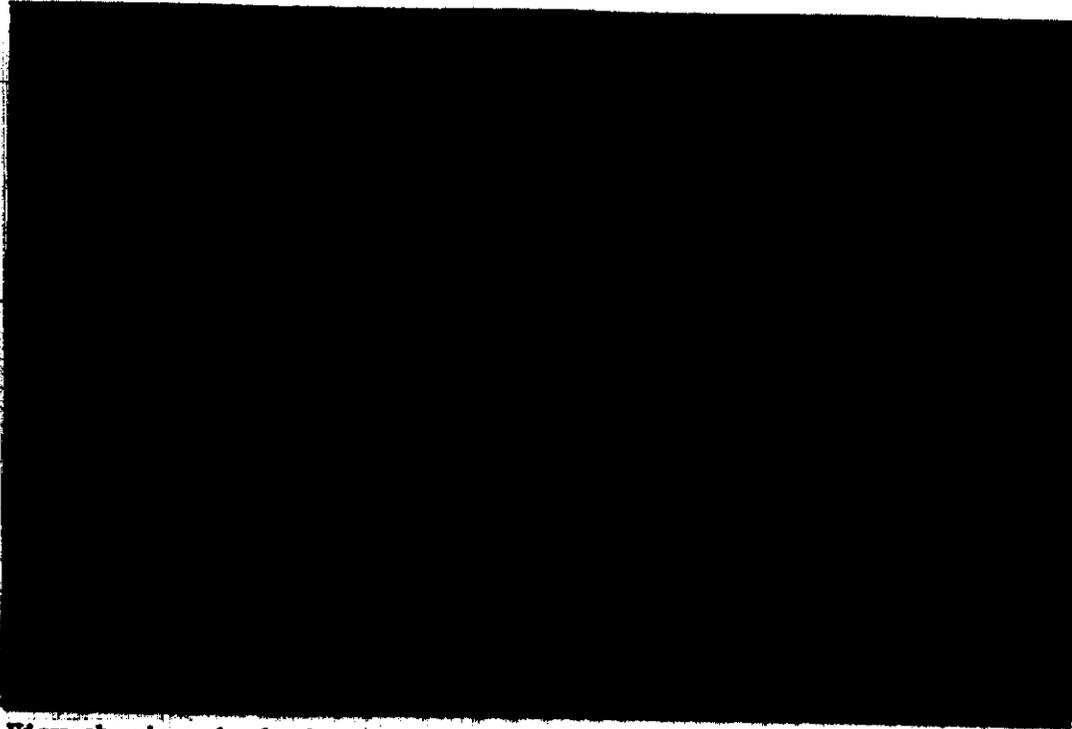


PHOTO 6

View showing the bath seat in the tub, without the doll.

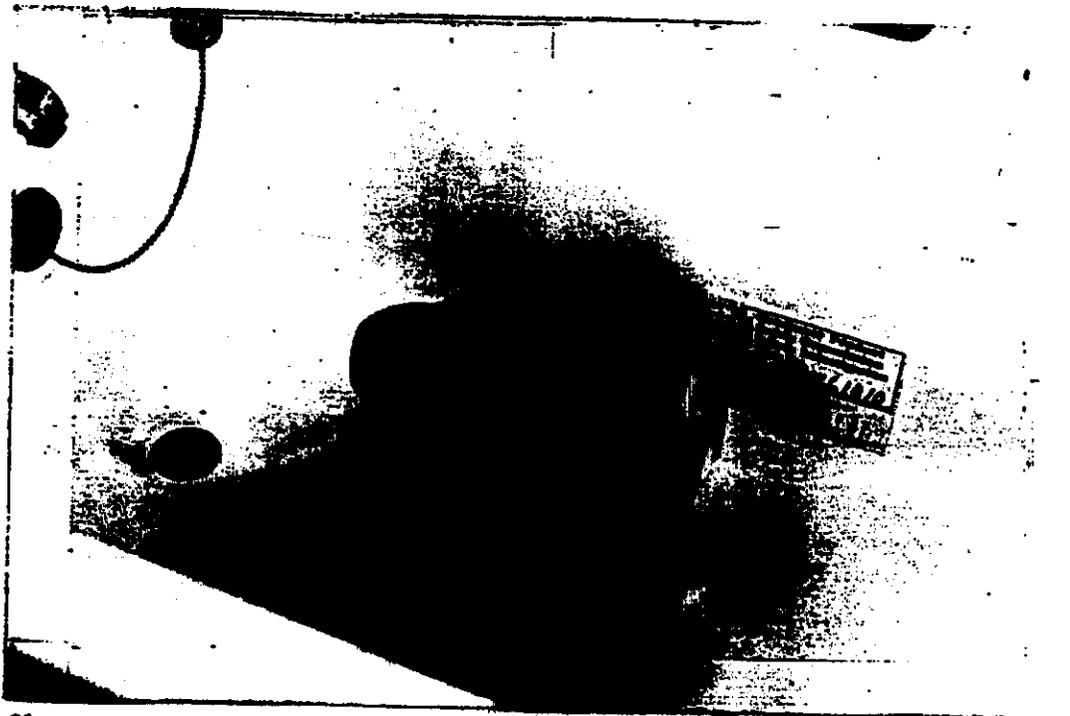


PHOTO 7

Close-up showing how the bath seat was positioned when it tipped over. The aunt of the victim was present during this on-site investigation to show how she saw the seat tip. at the time of the accident.

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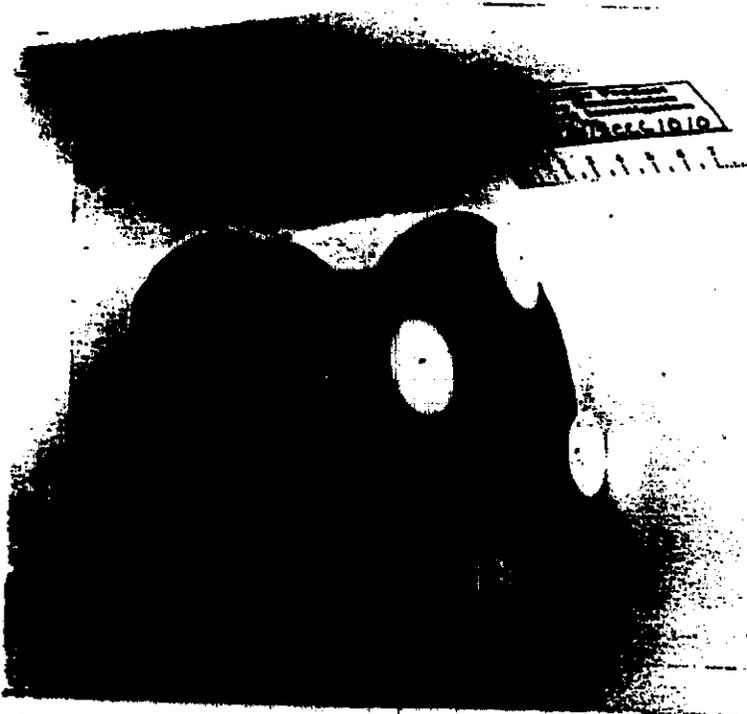


PHOTO 8

Another view showing how the seat was positioned when in tipped over, showing the suction cups.

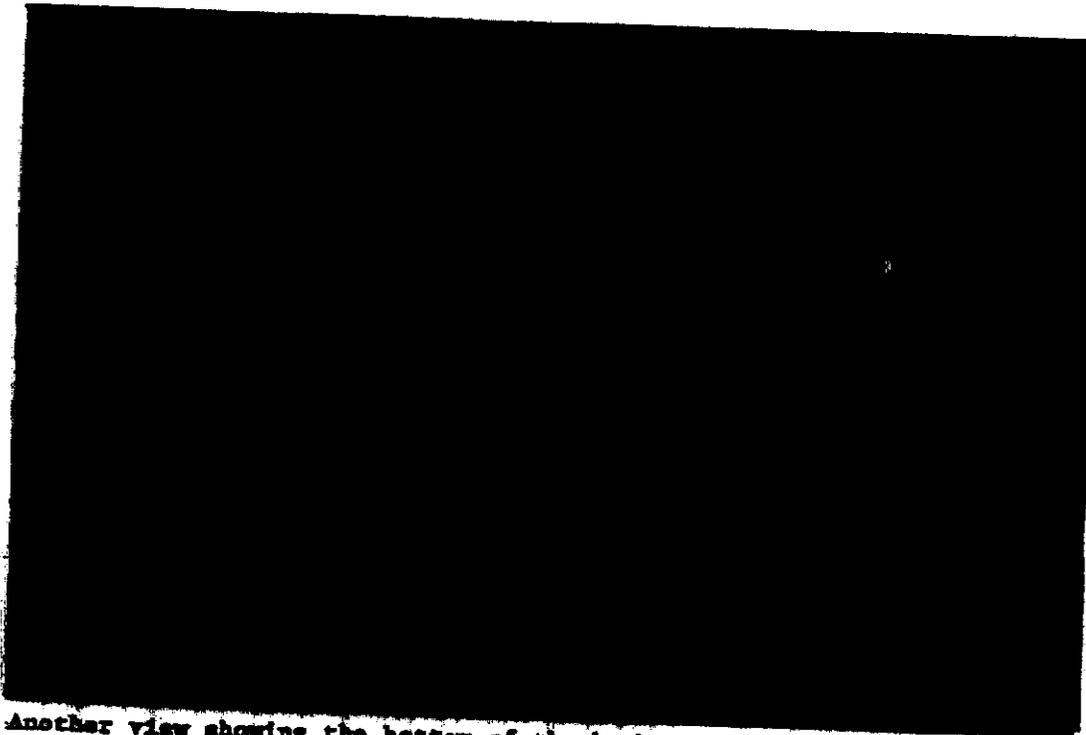


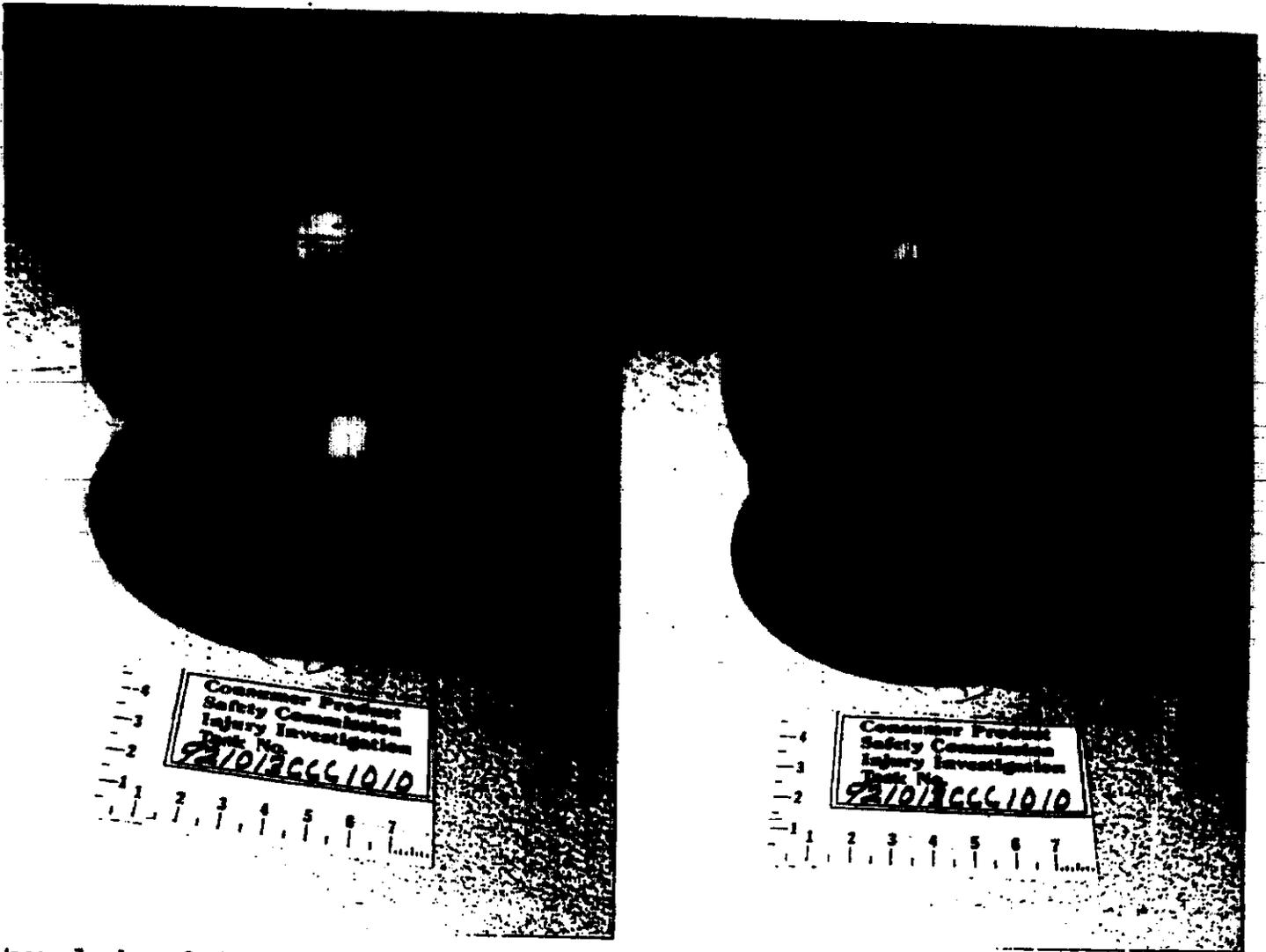
PHOTO 9

Another view showing the bottom of the bath seat.

921013CCC1010

PHOTO 10

PHOTO 11



General view of the front of the bath seat.

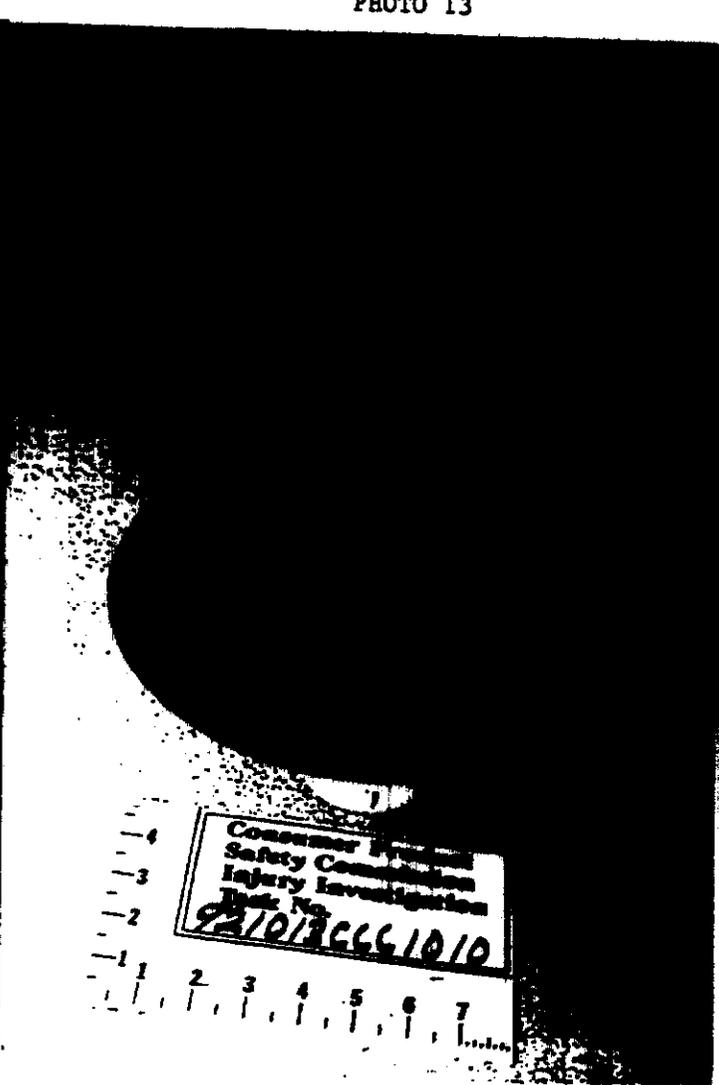
General view of the back of the bath seat.

PHOTO 12



de of the bath seat.

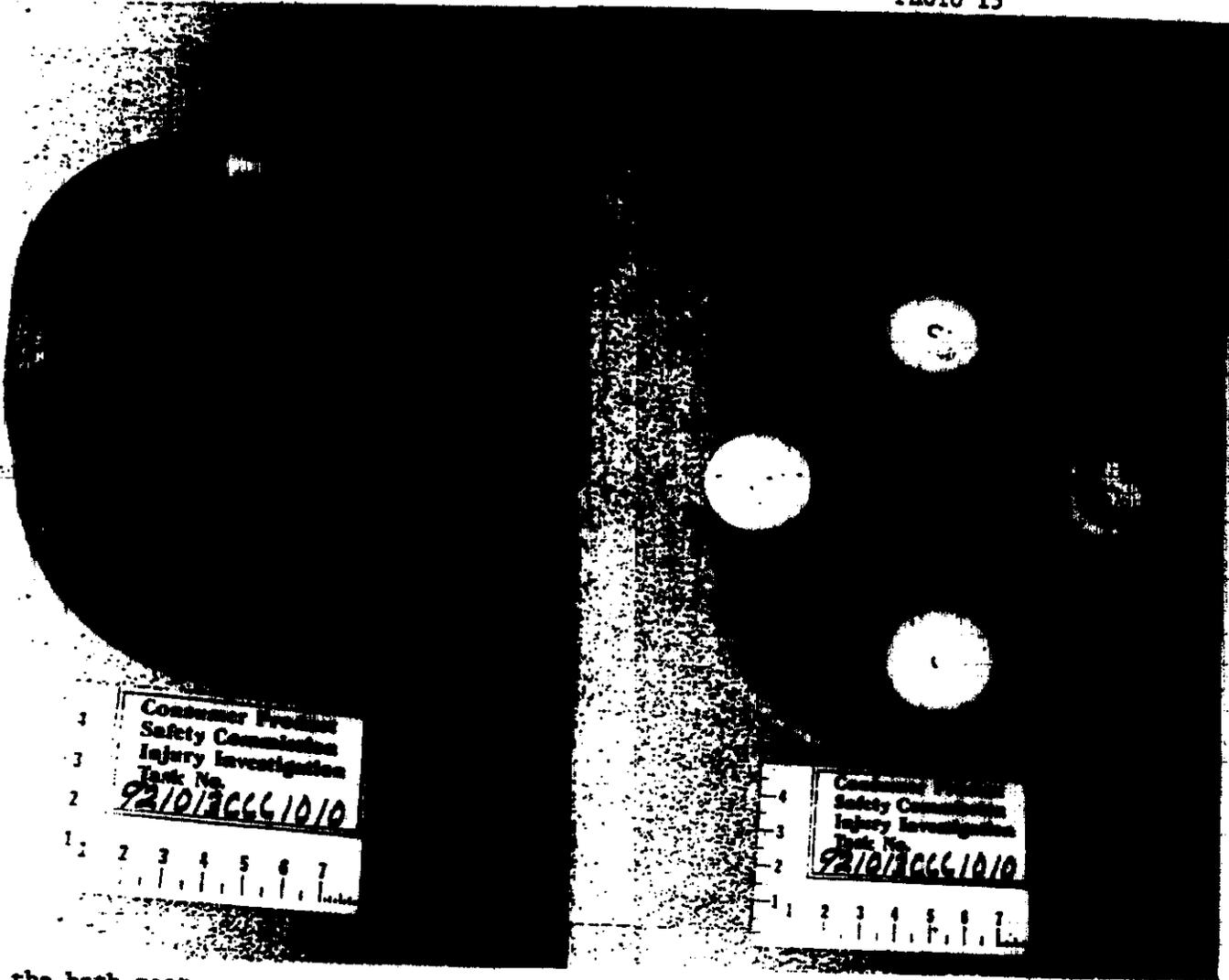
PHOTO 13



Opposite side of the bath seat.

PHOTO 14

PHOTO 15



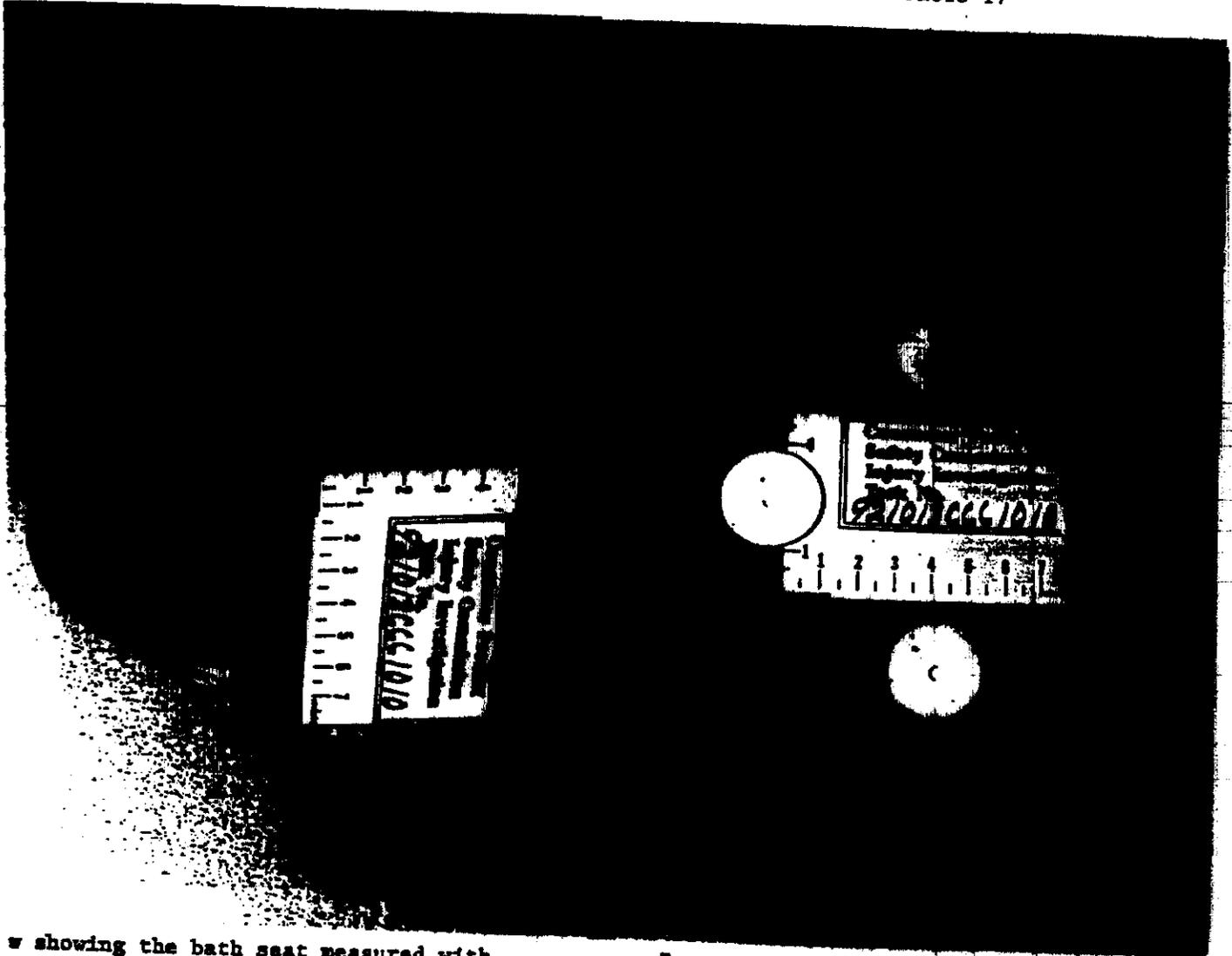
of the bath seat.

Bottom of the bath seat.

921013CCC1010

PHOTO 16

PHOTO 17



showing the bath seat measured with Task No. card.

Bottom view with the Task No. card.

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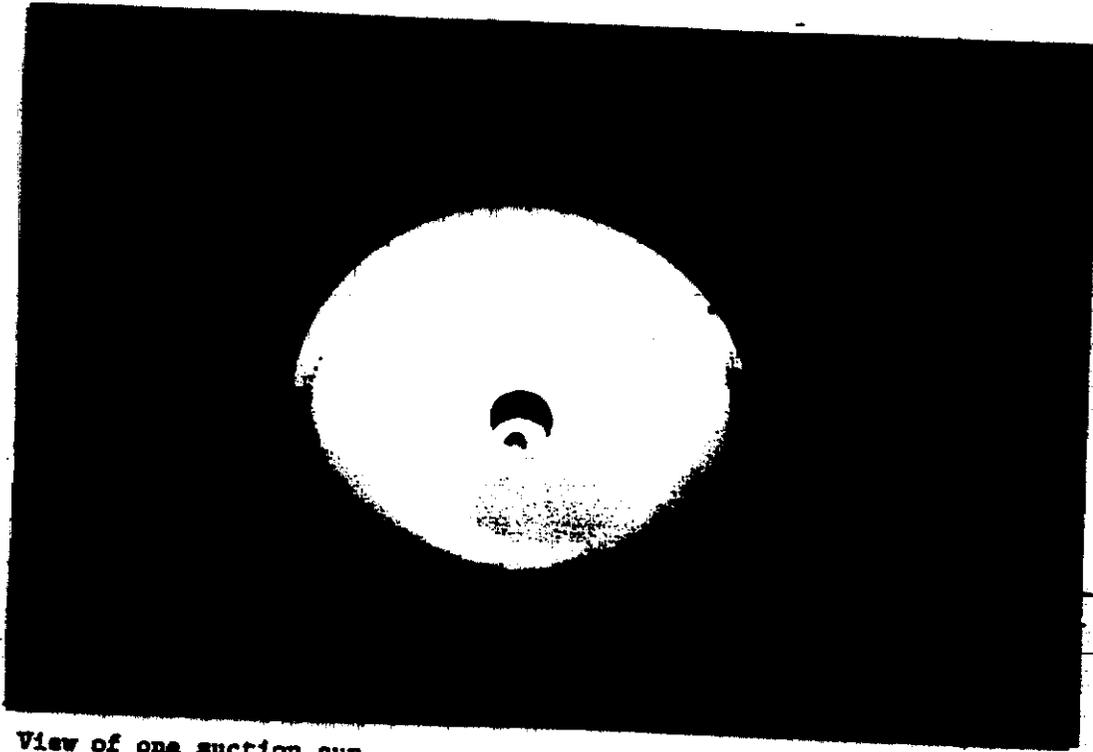


PHOTO 18

View of one suction cup.

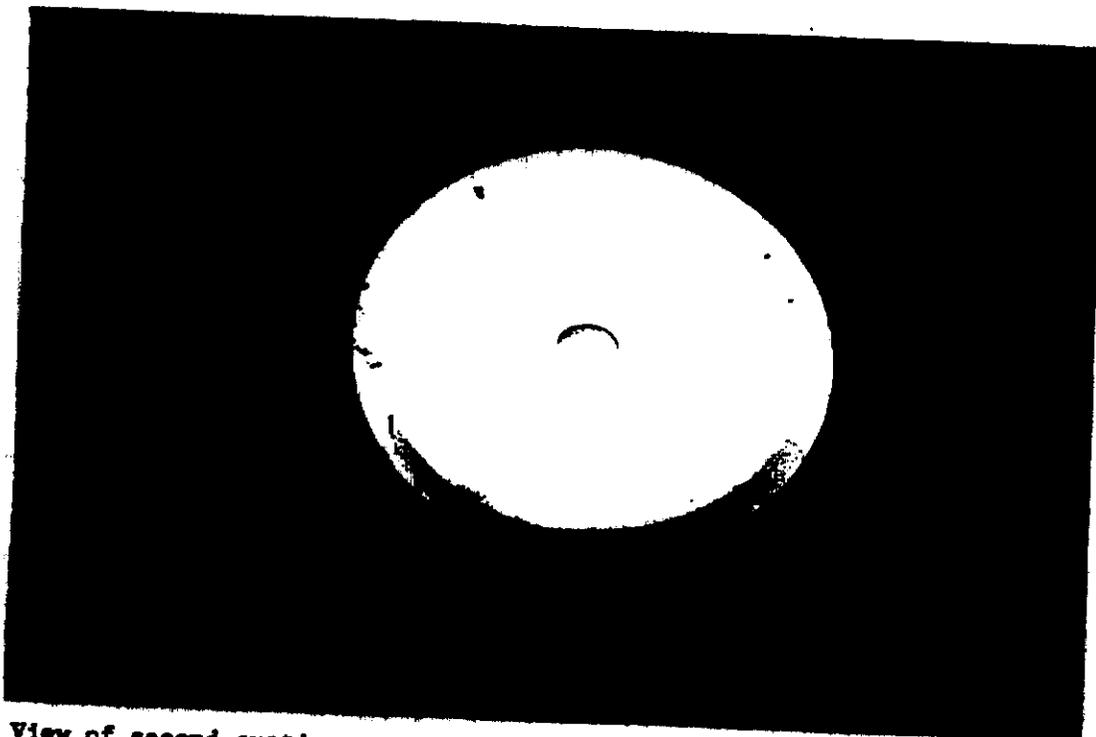
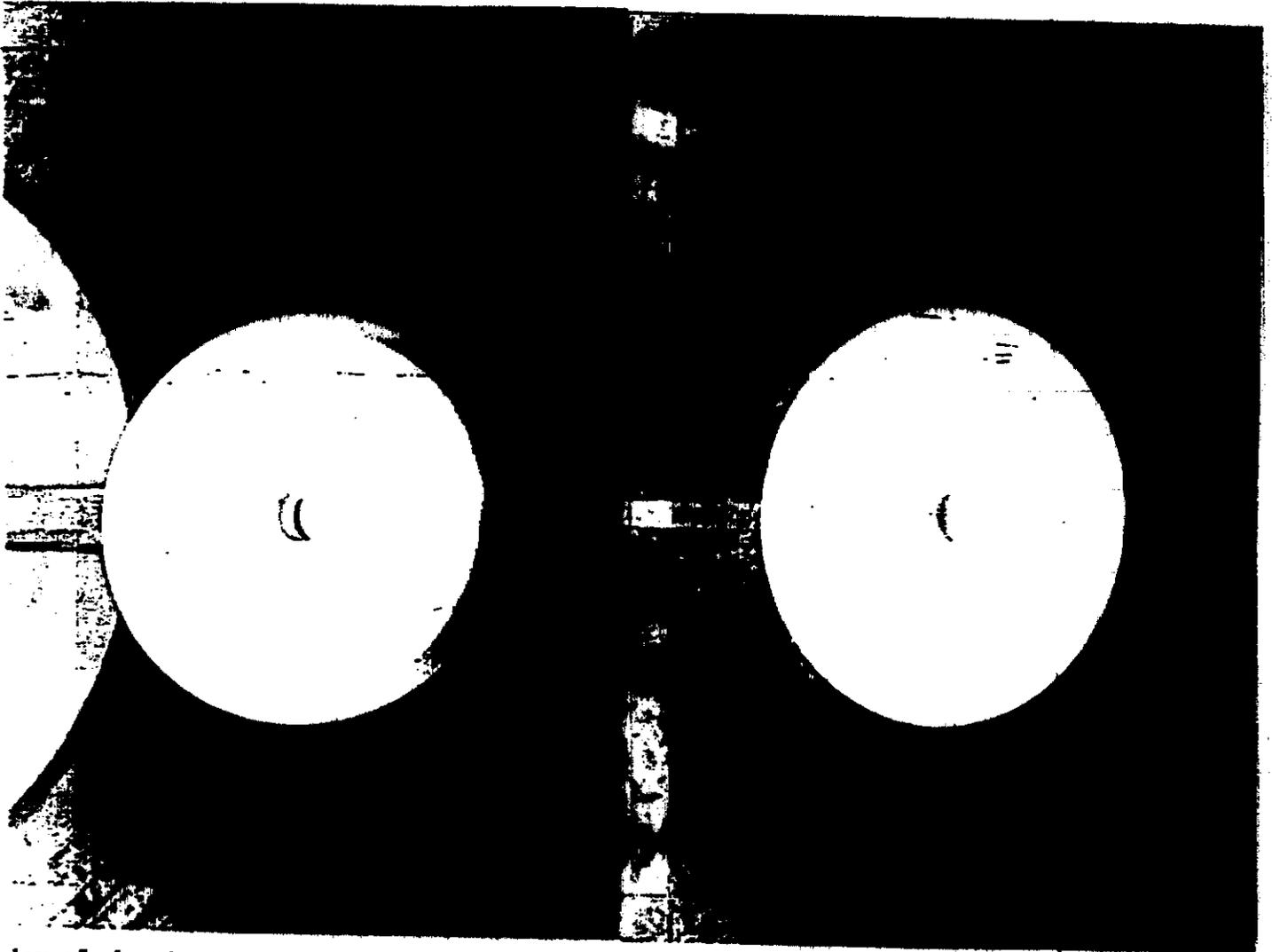


PHOTO 19

View of second suction cup.

PHOTO 20

PHOTO 21



View of the third suction cup.

View of the fourth suction cup.

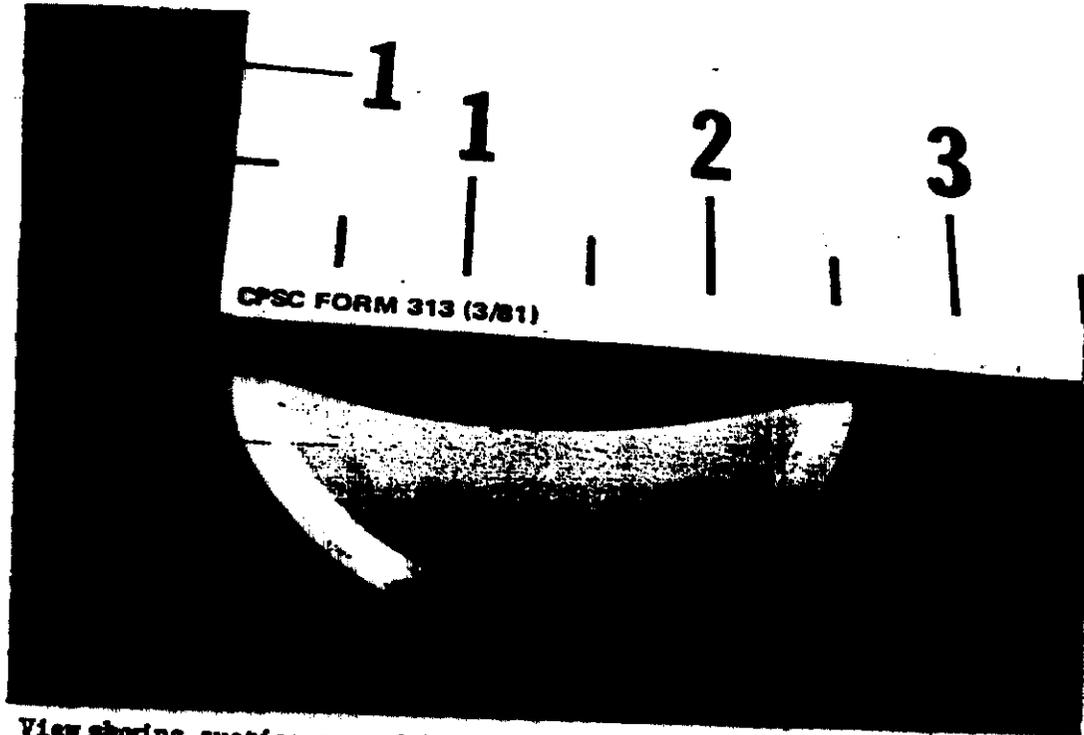
921013CCC1010



PHOTO 22

Side view of a suction cup.

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CPSC FORM 313 (3/81)

PHOTO 23

View showing suction cup with Task No. card.

921013CCC1010

PHOTO 24



View showing stem of suction cup.

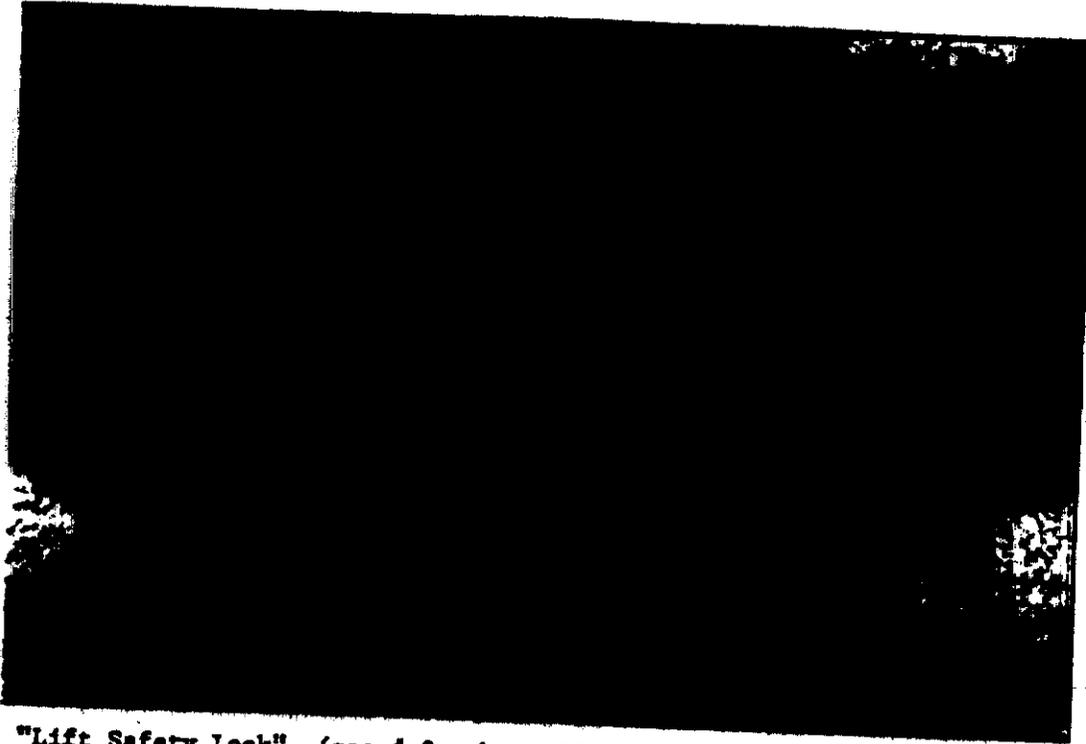


PHOTO 25

"Lift Safety Lock" (see # 3, photo 30) which is used to lock or release swivel platform on the bottom of the bath seat. Seat will turn 360 degrees while suction cups are attached to the bottom of the tub. Lock control is shown in swivel position.



PHOTO 26

"Lift Safety Lock" in locked position.



PHOTO 27

Warning labeling on bath seat.



PHOTO 28

Warning labeling on seat.

921013CCC1010



PHOTO 29

Labeling on bottom of bath seat.

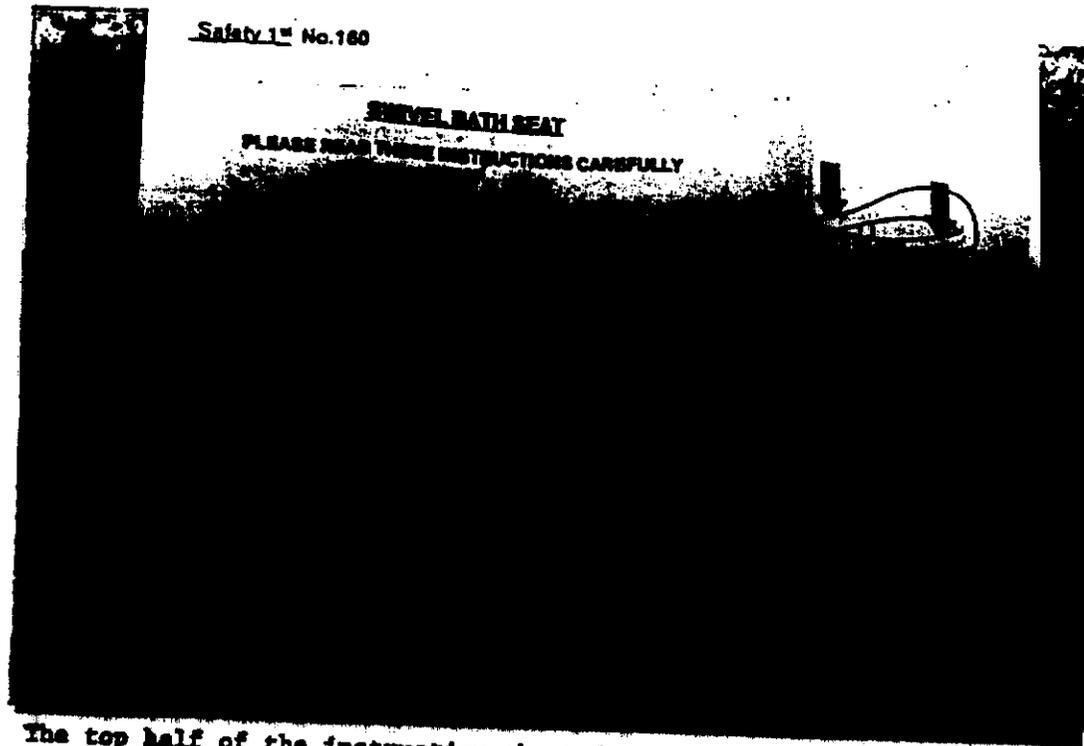


PHOTO 30

The top half of the instruction sheet for the bath seat.

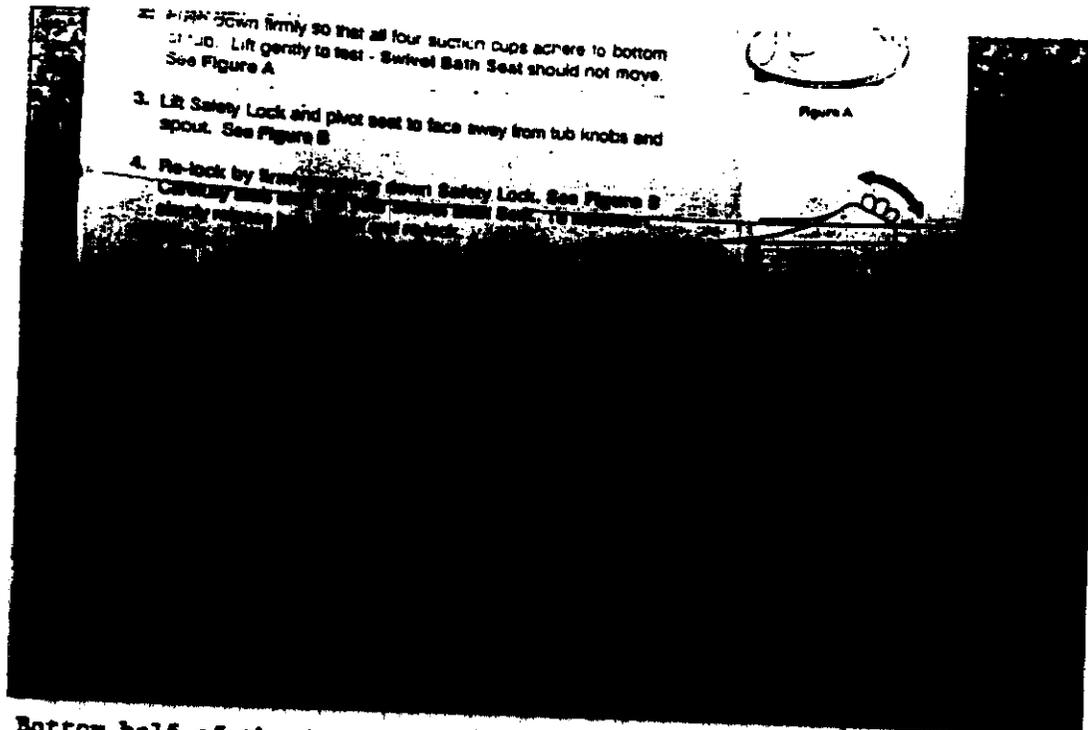


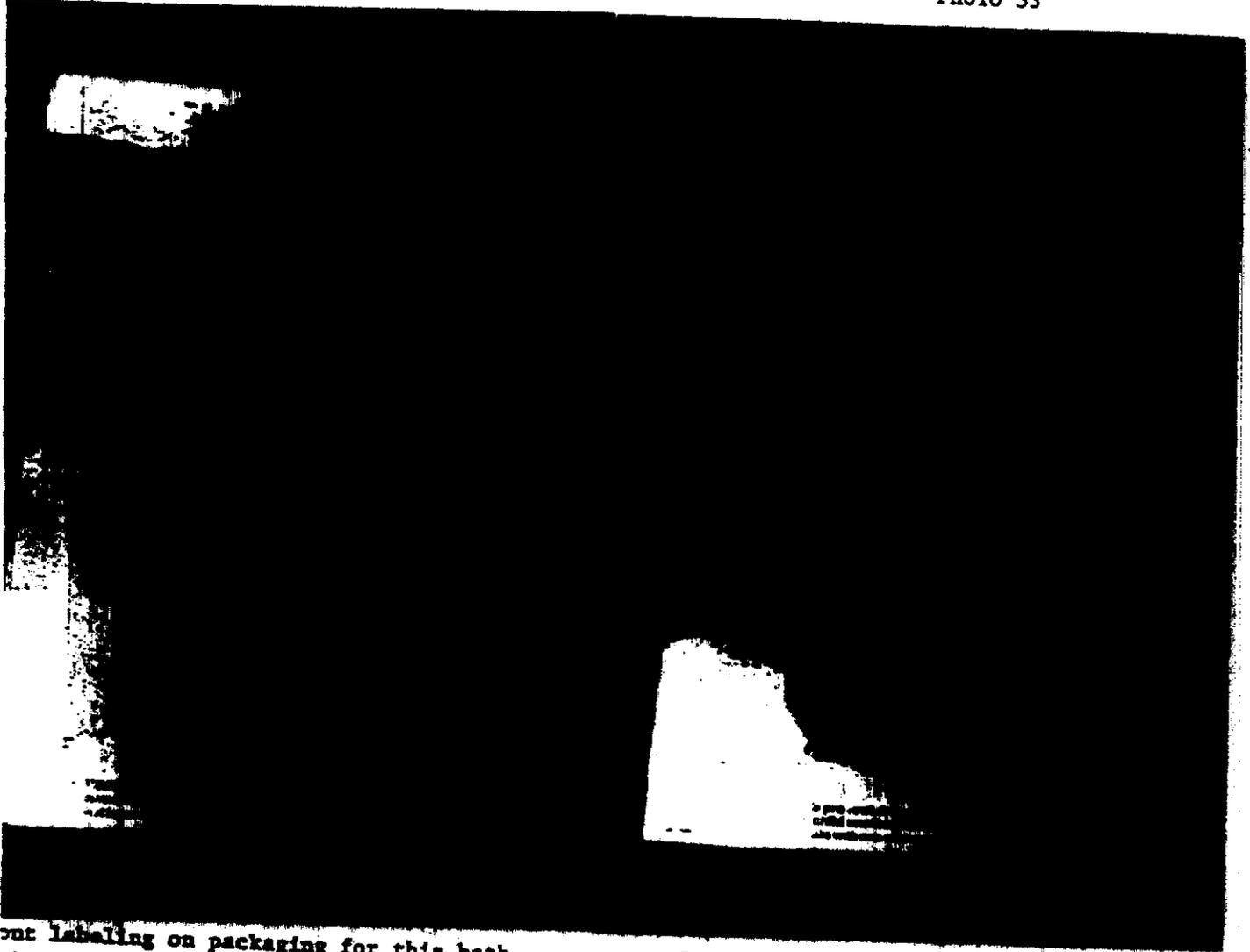
PHOTO 31

Bottom half of the instruction sheet for the bath seat.

921013CCC1010

PHOTO 32

PHOTO 33

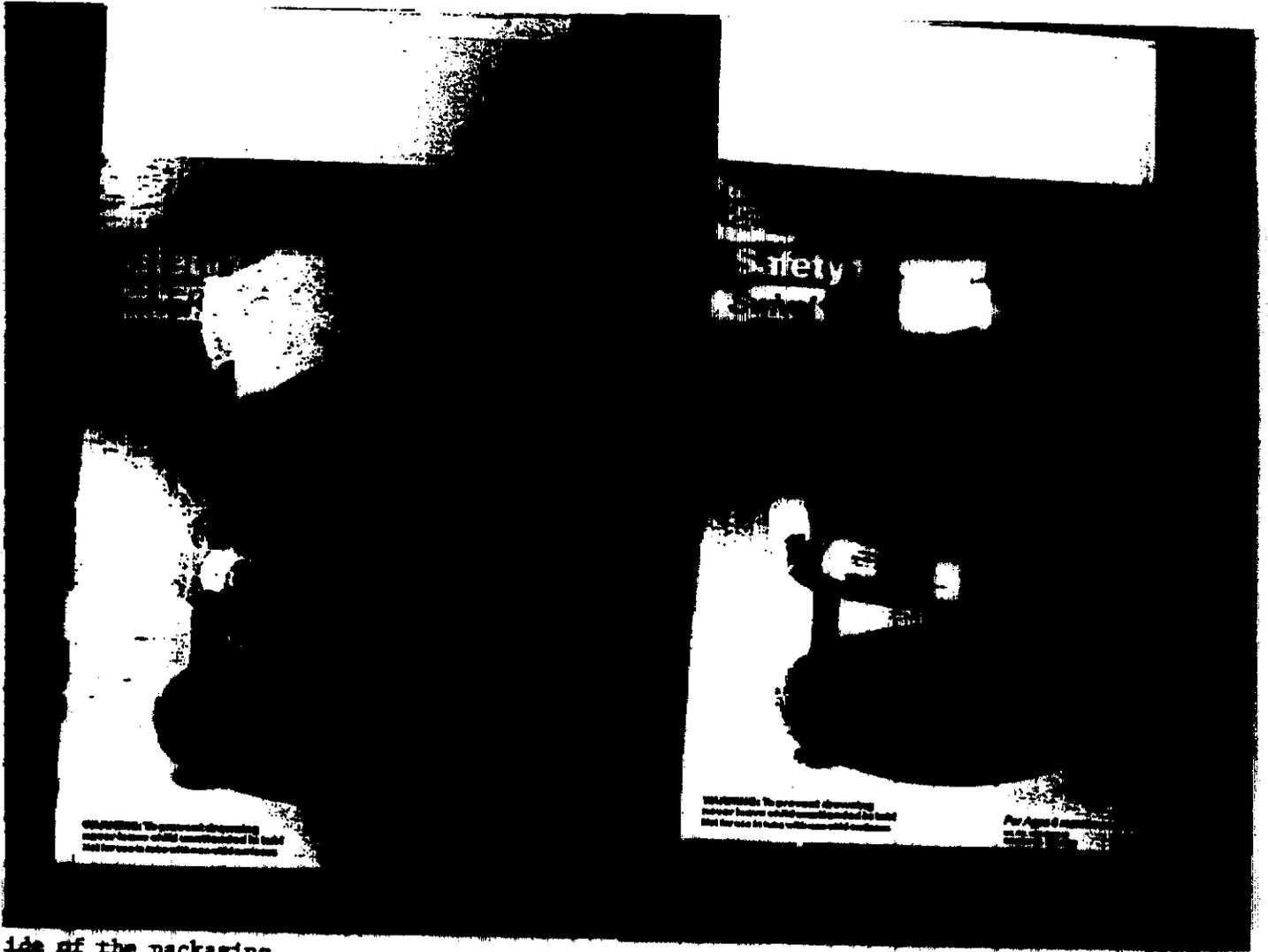


out labeling on packaging for this bath
at.

Back of the packaging.

PHOTO 34

PHOTO 35



Side of the packaging.

Opposite side of the packaging.

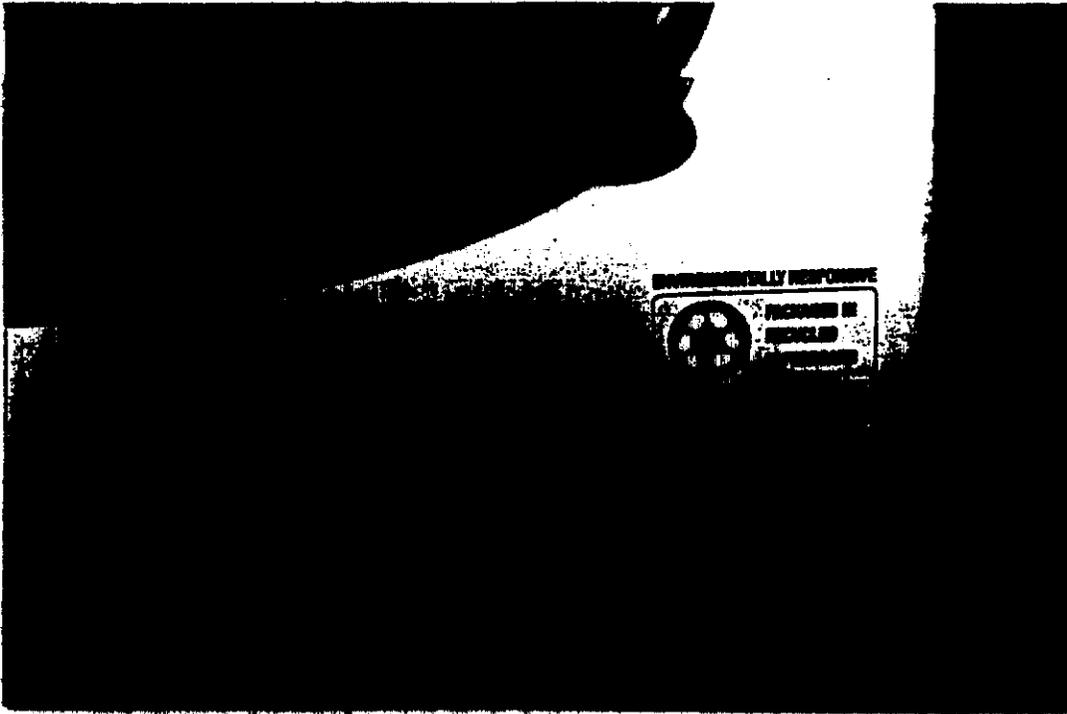


PHOTO 36

Age labeling on the packaging.

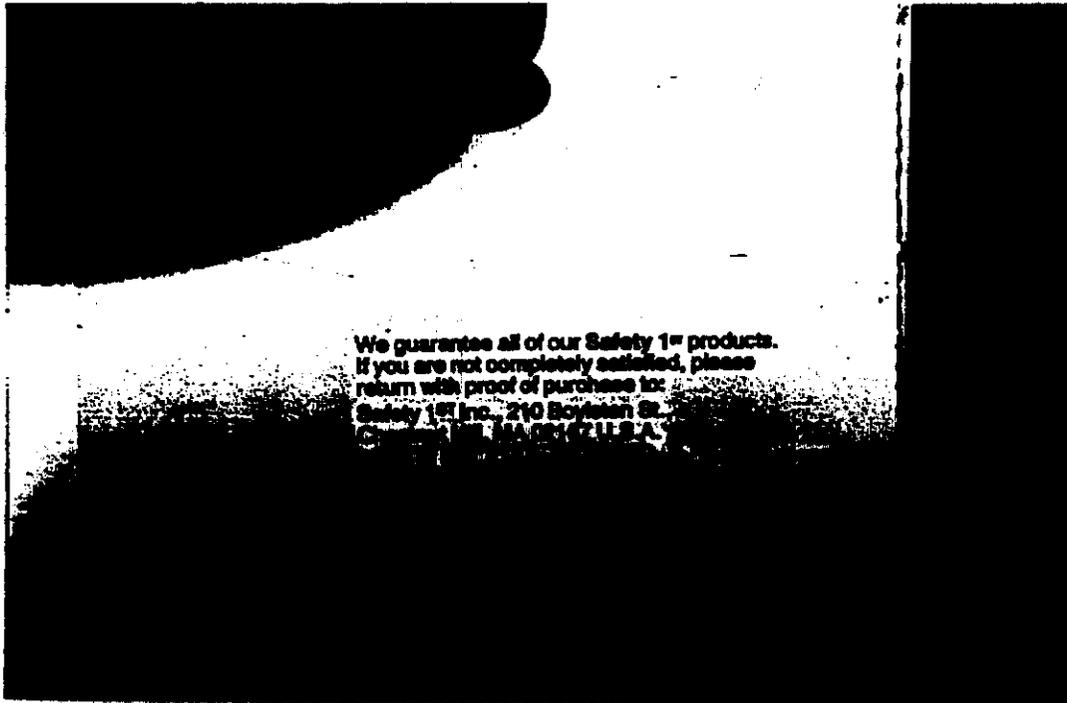


PHOTO 37

Address of manufacturer labeling on packaging.

921013CCC1010



PHOTO 38

Other labeling on the packaging.

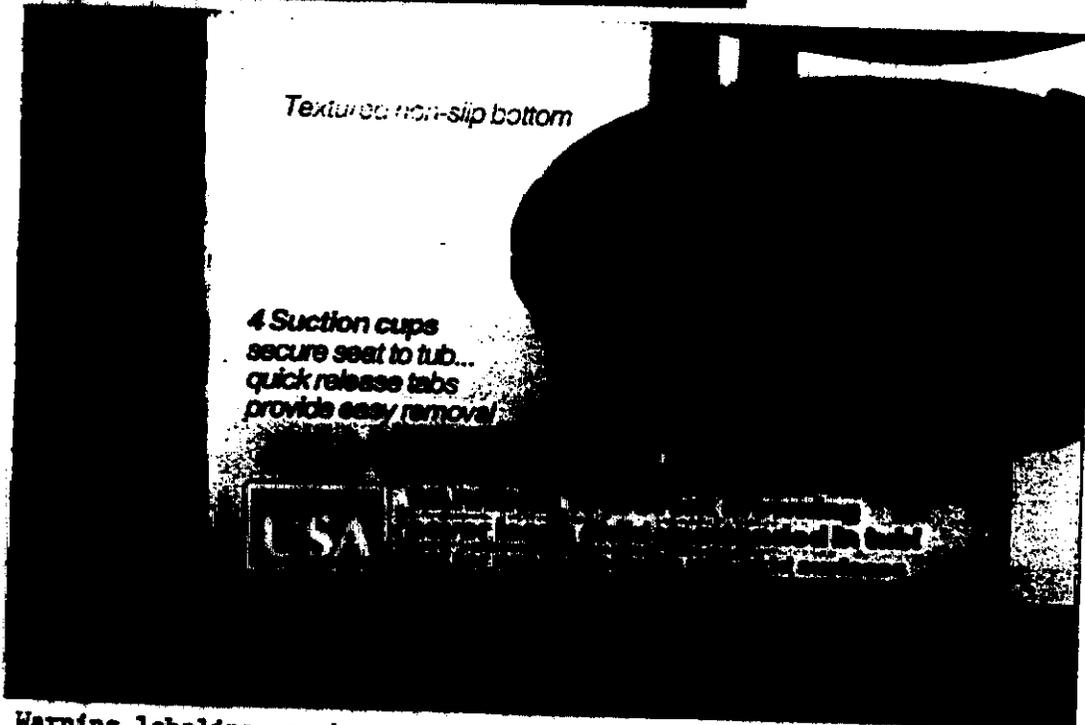


PHOTO 39

Warning labeling on the packaging.

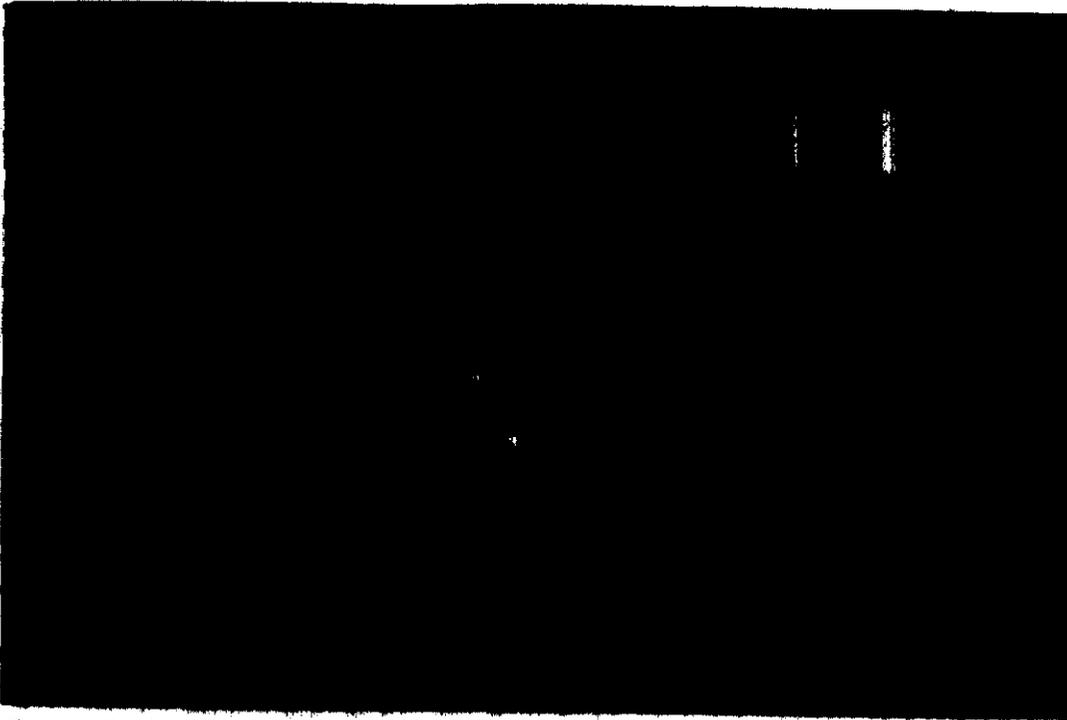


PHOTO 40

Bar code and date labeling on the packaging.

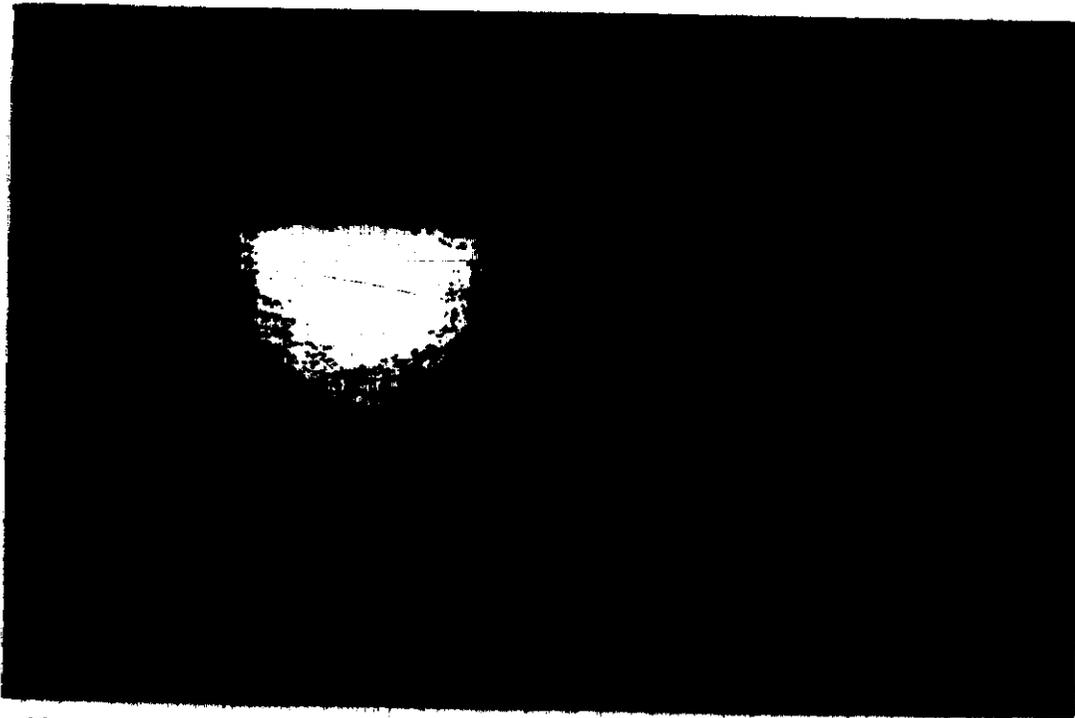


PHOTO 41

Close-up of the bar code, date and model number labeling on the box.

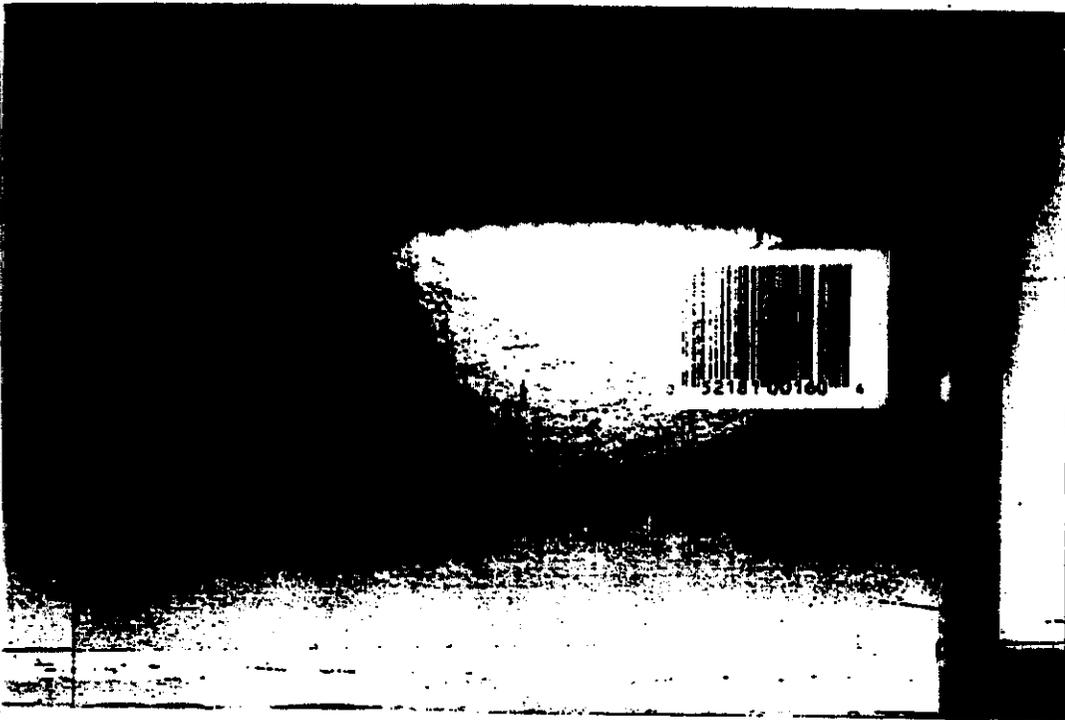


PHOTO 42

Another view of the date and bar code labeling.

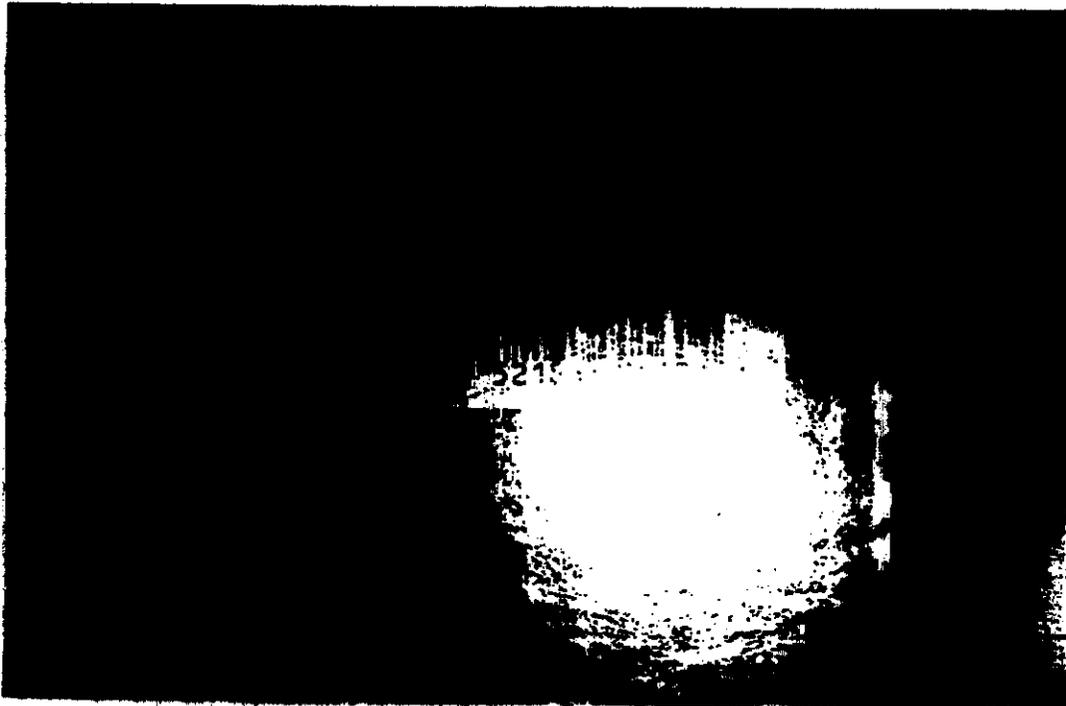


PHOTO 43

Another view of the date labeling.

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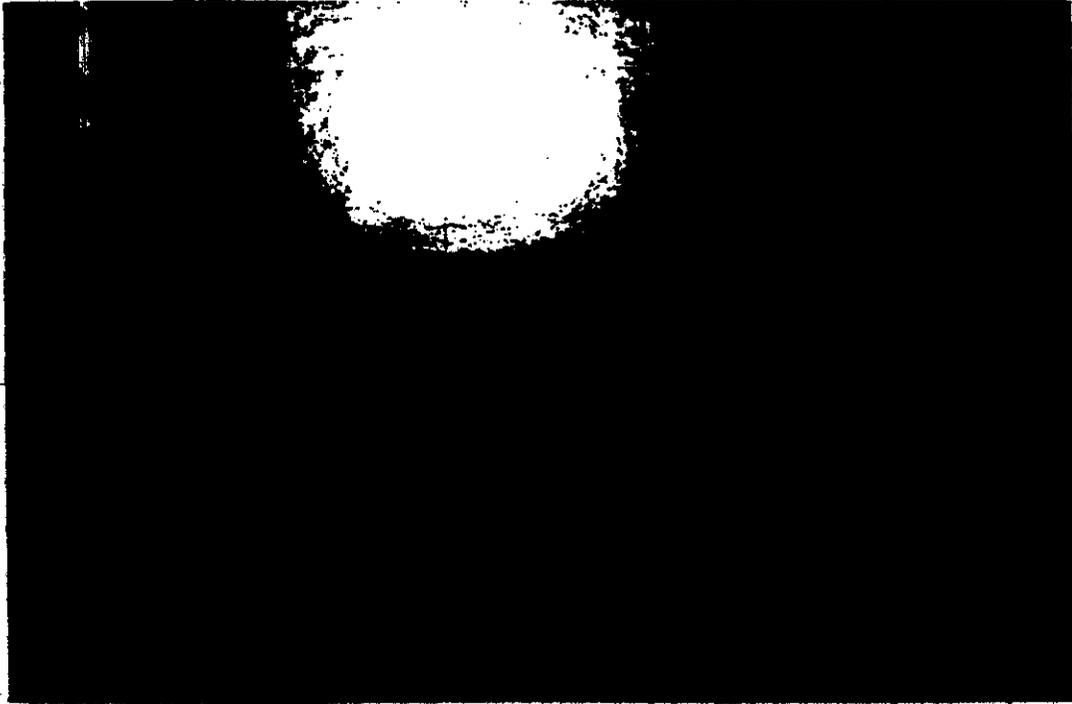


PHOTO 44

Another bar code label.