

Surgical Timeline

9:05 AM: Entered operating room (O.R.)

Dr. Daniels and Dr. Pace discussed anesthesia.

Dr. Daniels positioned PATIENT on operating table.

Placement of blood pressure cuff, EKG pads, pulse oximeter, and prongs into nose.

Oxygen administered through prongs going into nose.

Oxygen saturation was not rising.

Sodium pentothal given to induce unconsciousness.

Succinylcholine given to paralyze muscles that allow independent breathing.

Face mask placed over nose and mouth to ventilate with Ambu bag by hand. Chest not expanding properly. Trace amounts of carbon dioxide noted.

Dr. Pace placed laryngoscope into mouth to examine airway.

Dr. Pace tried to intubate by mouth.

Dr. Pace called for emergency help. Oxygen saturation 50%-80%.

Dr. Pace tried to intubate by stoma.

Dubiel, CRNA, used a laryngoscope to look into mouth to find an opening to trachea.

Dubiel tried to intubate by mouth.

Oxygen saturation as low as 35%.

Surgical Timeline

Dubiel adjusted endotracheal tube.

Dr. Pace tried again to intubate by stoma.

Nurse Becker came out from O.R. to hallway and asked Dr. Espino to come to O.R.

Dr. Espino attempted, with Dr. Pace's help, to intubate via stoma. Oxygen saturations were in 80's when she arrived.

Drs. Pace and Espino removed tube in stoma and tried to deliver oxygen by tube in mouth. Oxygen saturations were in the 70's.

Drs. Pace and Espino discussed need for Dr. Sumerson. Dr. Daniels agreed Dr. Sumerson should be called.

Nurse went out and asked Dr. Sumerson to come to O.R.

No one informed Dr. Sumerson of prior laryngectomy. Dr. Sumerson discovered laryngectomy by looking at neck.

Within a few seconds Dr. Sumerson inserted a tube through the stoma and started ventilation.

Dr. Sumerson performed a bronchoscopy and found that the oral endotracheal tube was in the esophagus, and that the tube he had placed into the stoma was correctly placed.

Adequate oxygenation was established within 1 minute of ventilation.

Oxygen saturation returned to normal.

10:10 AM: Dr. Daniels began knee surgery.

Deviations From Standard of Care

- Dr. Daniels failed to communicate to the anesthesiologist that Dr. Daniels' patient's airway was inaccessible from the mouth because of his prior laryngectomy.
- Dr. Daniels had an obligation to intervene when he saw that the anesthesiologist could not intubate the trachea through the mouth.

Effects of Hypoxic Brain Damage on PATIENT

- In a coma for 3 days
- Action myoclonus. Examples:
 - Resting tremor of arms. These tremors get worse when arms are extended.
 - When arms are raised, at times entire body jerks violently.
 - Moving right leg results in violent shaking of body and leg.
 - Attempts to speak can induce myoclonic jerks.
- Severe seizures
 - Has had numerous seizures.
 - Requires medications throughout the day at specific times to attempt to control seizures.
- Confused
 - Does not know date, month, or location.
 - Unable to follow full commands.
- Unable to care for self. Needs assistance with:
 - Eating or drinking.
 - Bathing
 - Dressing
 - Toileting
- Unable to walk.
- Needs 1-3 people to transfer from bed to wheelchair.

Evidence of PATIENT's Stoma/ Laryngectomy Prior to Surgery

Visible stoma (hole in front of neck) through which PATIENT breathed.

Evidence of PATIENT's Laryngectomy in the Chart Prior to Surgery

**9 Days
Before
Surgery**

Nursing Admission Interview and Assessment form, 4/27, 8 PM: "Patient had past medical history of cancer of throat. Old trach stoma and laryngectomy x 17 years.

**8 Days
Before
Surgery**

Medical – Surgical Flow Record, 4/28: "Patient speaks only Spanish but has a laryngectomy..."

**5 Days
Before
Surgery**

Consultation Dr. Schwartz, 5/1: "...cancer of larynx status post laryngectomy with permanent tracheostomy."

**4 Days
Before
Surgery**

Consultation Dr. Daniels, 5/2: (laryngectomy not noted)

**3 Days
Before
Surgery**

Consultation for cholelithiasis, 5/3: "...History noted also a laryngectomy sustained 17 years ago with carcinoma."

**2 Days
Before
Surgery**

Consultation re: upper colonoscopy, 5/4: "...history of laryngeal cancer status post laryngectomy."
"...Tracheostomy and laryngectomy"...