MEMORANDUM

TO:	{{contact|127415}}
FROM:	Martin A. Ginsburg, RN
SUBJECT:	{{case|127299}} Medical Record Review for Merit
DATE:	{{GENERAL|CURRENT_DATE_LONG}}
RECOMMEND:	**DECLINE**

{{contact|114250}} {{contact|last_name}},

Per your instructions and at your request, this memorandum is a summary of care provided your client, {{case|127712}} {{case|127299}} related to post – operative care and course.

{{case|127712}} {{case|127298}}, as you know, suffered a post – operative wound infection requiring multiple surgeries for debridement and placement with eventual removal of antibiotic impregnated beads to promote healing.

Based on the evidence in the provided medical records it is recommended that this case be declined. This recommendation is based on four fundamental questions:

1) Is there significant or permanent injury or damage?
   (a) Yes; infection requiring multiple surgeries with a concurrent, though likely unrelated causation decline in general health status.
2) Is there an apparent or suggested deviation in the standard of care?
   (a) No; in the records available, causation of the initial infection is not related to a specific documented event. The orthopaedic surgeon described the operative wound on several occasions and was unable to determine with confidence, even following subsequent interventions, whether the wound began as a deep tissue wound related to the hardware removal and vertebral fusion

surgery–a known complication of that procedure–or began as a result of improper wound care. Surely this would be the place for the surgeon to deflect causation to another source if it could be done.;

3) Is there a direct link between the deviation and the injury or damage?
   (a) No; in the absence of a finding of apparent or suggested deviation a link is moot;
4) Is a further review of medical records recommended?
   (a) No; while there are still significant concerns of this family related to the level concern, care, and patient contact during her admission to rehabilitation, only an exhaustive, detailed, and labor intensive review of the entire medical record might identify this lack and it is not such a lack that appears to be causally linked to this lady's tragic treatment course.

Causes for this finding are found in the annotated, bookmarked, and highlighted records available through the file transfer portal and are briefly summarized here.

{{case|127712}} {{case|127298}}'s hospital course showed information related to her medical and surgical histories as well as the following diagnostic testing and results:

Past Medical History:

- MVA in 1996.
- Lumbar spine instability.
- Postoperative anemia.
- Low back pain.
- HTN - Benign Essential Hypertension.
- Chronic Renal Disease, Stage Ill 30-59 GFR.

- Obese with BMI 40.0 - 44.9.
- Brachial Neuritis or radiculitis.
- Localized swelling, mass and lump, head.
- Generalized muscle weakness.
- General Debility/Deconditioning.
- Nausea.
- Opioid induced constipation.

Past Surgical History:

- Removal of hardware from spine 8/2/2017
- Posterior lumbar interbody fusion at 3 levels 8/2/2017
- Right knee replacement 2013
- Back surgery 2008
- Hysterectomy 1985
- Appendectomy 1980

Investigations by the orthopeaedic surgeon indicated that discoloration was minimal to none in the early stages of investigation of this operative site infection and that there was minimal to no pain reported.

In the initial {{case|127892}} Comprehensive Examination the patient's laboratory values (with reference range) as of 06/27/2017 were:

- NA 137 (136-145).
- K 3.5 (3.4-4.4).
- CL 99 (98-107).
- C02 30 (22-28 – though with age the reference value increases in some labs).
- GLU 111 (74-106 and highly lab dependent – Rule of Thumb worldwide – 70-110 in fasting specimens).
- BUN 32 (6-20 – an indicator of kidney function).
- CR 1.4 (0.6-1.1 – an indicator of kidney function).

- CA 9.5 (8.6-10.0).
- Osmo 281 (275-295).
- Anion Gap 8 (7-16).
- GFR 39.

There are clinically significant and likely symptomatic changes at the time of the patient's hospitalization in September of 2017 where {{case|127701}} {{case|127200}} reports a serum sodium (Na) level of only 127 and serum chloride (Cl) of 78. Additionally, {{case|127712}} {{case|127298}} is in a patient population at very high risk for urinary tract infection (UTI), which as a single co–morbidity is known to produce delirium (confusion not related to an underlying dementia). In combination with a decreased plasma sodium, the risk of delirium is increased.

There are a number of potential aggravating factors in this patient that increase her risk for decreased plasma sodium as well as some that increase her risk of UTI and its neurologic impact. This combination of concurrent issues and potential issues as well as a lack of evidence in the records available to support an allegation of inadequate care in a rehabilitation facility make this sad outcome a matter that will likely not withstand the burden of proof in civil litigation.

Thank you for your confidence in MarGin Consulting to bring the needed expertise to this investigative review of {{case|127712}} {{case|127299}}'s matter.

Please advise of additional information needed or questions I can answer.

Respectfully,

Martin A. Ginsburg, RN
Nurse Paralegal