Submitted by

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FROM: Mary Goss-Prowse

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SUBJECT: Chronology of Katie's Appendectomy

I feel that our daughter's experience with a ruptured appendix due to slow diagnosis would fit your terms of reference. We met with Eastern Health a few months after the event for the sole purpose of bringing their attention to the issue and hoping that procedures would be changed or improved. The representatives of Eastern Health were sympathetic and appeared to want to make changes. We received a letter soon after thanking us for the meeting but did not receive any further follow-up to let us know whether the change occurred. The chronology of the event is attached.

Chronology of Katie's Appendectomy:

Date	Description	Comments/Concerns
2006-02-15	Katie called home from school due to pain in stomach – teacher sent her home because he saw her lying down on her back across 2 desk chairs.	
2006-02-16	Mom left on business trip to Gander – Katie still home – about the same. A bit nauseous then diarrhoea	
2006-02-17	Mom got back from Gander. Katie still home from school – diarrhoea continues	
2006-02-18	(Saturday) Dad working. Both concerned as no improvement. Mom had looked up dehydration and appendicitis on the internet – aware of danger through child care training. Mom took Katie to the Janeway in the afternoon. Dr. Enriques saw her in ER – put her on IV fluids and sent for bloodwork. Confirmed severe dehydration. Kept her on IV fluids till 8 p.m. when second full blood workup would be done. Enriques finished shift at 4 – female doctor from 4 – 6 then Dr. Cooper from 6 onwards. At 8 p.m. after blood drawn, Dr. Cooper suggested going home – that the results might take an hour or more and he anticipated that she would be fine. He suggested that we leave the hep block in so that if she needed fluids the next day we would not need to "re-stick" her. Just come back the next day and if she did not need more fluids the IV could be removed in ER. He wanted her to drink Gatorade. Mom and Katie slept semi-reclined on the couch in the living room (Katie leaning back onto Mom) as Katie was more comfortable in that position.	Neither the female Doctor nor Dr. Cooper came over to examine Katie from 4:00 to 8:00 … not even to introduce themselves. Overheard Dr. Cooper in a conversation with a nurse at the observation room desk – when asked what he was doing on-call on a Saturday evening he replied that he was getting too old to be doing this (on-call). When he came to us at 8:00 to send us home he barely looked at Katie – pressed on her stomach once – brought tears to Katie's eyes – and proceeded to tell us it was dehydration due to severe gastro
2006-02-19	(Sunday) Woke in the morning feeling sicker than the day before. Throwing up bile and bits of Gatorade.	

	Took her back to the Janeway. Triage nurse in ER remarked that Katie had an "appendix walk". She was placed in observation and seen by a resident and an intern. On consultation with the on-call Doctor on Medicine – Dr. Bridger – she was admitted for further observation. Had an x-ray. The resident and intern asked whether she had eaten any nuts or other hard round objects as they had seen two round objects in one position on the standing x-ray and they moved on the lying down x-ray[1]. We told them she hadn't. Given a private room on the Medicine floor. She was very uncomfortable. Diarrhoea continued.	Did not appear to know about Saturday visit. [1]Could these have been appendix "stones" prior to rupture – not recognized because her appendix was not situated in the "so-called" normal place?
2006-02-20	Woke in agony. Said it hurt so much she didn't know what she was going to do. Buzzed a nurse and I think it was Dr. Bridger that saw her. They gave her IM Demerol which eased the pain and helped her sleep. Abdomen distended. Had a decent afternoon. Dr. Akhtar (Medicine) saw her (I think around lunchtime or earlier) and ordered x-ray and ultrasound. She did not appear to know about the Saturday ER visit. This persisted with several doctors. She said that she had called someone from surgery to have a look at her. She had an x-ray (no ultrasound). Had to help her stand up for the standing x-ray. A surgical resident came and looked at her mid-afternoon and Dr. Akhtar (Surgical) saw her later afternoon. Both determined she was non-surgical – severe gastro – even with the distended and taut abdomen. I asked the nurses about the ultrasound on at least 2 occasions – it was never done. Early evening started hurting again. Gave more Demerol. Prior to shot Katie wanted to go to the washroom (she knew that after the shot it was hard to walk). Struggled to the washroom with my support then had the shot and slept.	I am sure this is when the appendix ruptured. Once we were home in March I looked up appendicitis on the internet again … it states that there is extreme pain upon rupture then a period of felling better followed by pain again … textbook for what she went through.

2006-02-21	Woke again in agony. Buzzed the nurse who brought 2 tylenol in a cup. I basically said that she had Demerol all day yesterday – do you think that Tylenol is going to work? She left and sent Jan H (nurse who gave the Demerol the night before) in to give the shot. Again, Katie felt like she was going to have diarrhoea. Jan asked if she wanted to go to the washroom before the shot (as usual). Katie said she was just going to do it in the bed. After the shot Jan went out and the next person we saw was Dr. Mograbi (surgical resident). He asked Katie if he could check her belly. She pleaded with him not to touch it. He promised he wouldn't hurt her. True to his word he laid his hand gently on her belly, looked at Jan and asked her what she (Katie) was doing up here. He left and came back in with a stretcher and Dr. Bridger (surgical resident) – they (and Jan) accompanied us to ultrasound and x-ray. Dr. Bridger was so helpful with Katie – kept her from worrying – joking and telling stories about her appendectomy. Ultrasound first – Dr. Mograbi told them what to look for. Went and brought back Dr. Bridger (chief of radiology) to look at the ultrasound. From there to x-ray. Moving her for the x-ray was torture for her. X-ray wanted a standing up x-ray to complete the series – Katie was terrified that they would make her stand up. Dr. Mograbi refused to make her stand – he said they had enough documentation. Back to her room – met by ICU staff. Started hooking her up to multiple IV lines. Dr. ? (Chief – ICU) pulled me aside – expressed concern – said she was shocky – they wanted to stabilize her before surgery. Once hooked up they took us to ICU where she was prepped for surgery. On the way to ICU the big heavy double doors on ICU shut and banged the stretcher from both sides – with a ruptured appendix this was incredibly painful and Katie started crying and panicing. Instead of allowing us a minute to calm her down they tried to hustle us away so that they could get their stuff done. It was the one time that I lost it … forced them to give me a minute to hug her and	On several occasions both while in the hospital and since discharge, a number of nurses (many paediatric) have stated that it's unheard of to give Demerol for 24 hours to a child for gastro – no matter how severe the gastro. In addition, whether her appendix was situated normally or not, her distended painful belly was clearly an acute abdomen and required – at the least – exploratory surgery. The same surgeon who did her surgery on Tuesday had looked at her on Monday and determined she was not surgical. Noone asked if her belly was always big … she was a flat bellied dancer – she looked 5 months pregnant. Her new family doctor also said the circumstances were highly unusual. Even when time is of the essence, it is sometimes necessary to allow a parent to calm a child – particularly after they just caused her such pain. Katie is still afraid of automatic doors! The waiting area for PICU is woefully

	settle her down and tell her what was happening. Went into surgery at 4 pm – we were shown the waiting room by ICU – pitifully small! One family was already in there. Needed more privacy. Jan offered use of Katie's room upstairs until the surgery was finished or they needed the room. Dr. Mograbi let her know about 1 – 1.5 hours later that things were going well. The anaesthetist wanted to speak with us about the same time. We went downstairs to meet with her. She stated again how well things were going. She had handed off to another anaesthetist as her shift had ended. She made a point of commending Greg and I on our ability to put Katie first and to be very cooperative. The surgery ended about 7 p.m. and Katie was brought to ICU. Dr. Akhtar spoke with us and diagrammed where her appendix was and what the procedure followed had been – involving removal of the appendix and 3 internal rinses of the abdomen to try to get rid of as much infectious material as possible. As he explained there could still be a pocket of infection hidden in the many folds and cavities in the abdomen but he felt that they had done a good job of cleaning the area. He stressed the positioning of her appendix as one of the main reasons for missing the diagnosis. Katie was intubated and sedated when we got to see her. She had a huge amount of fluid retention. ICU staff were great about allowing us to visit as much as possible within the parameters of their work.	inadequate. Far too small and only one phone. This is a time when families need a little space and the ability to use a phone. The night Katie's intubation was removed the nurses arranged a room for us in NICU as there was a storm and nowhere to sleep. What a difference! Clearly the priority for the Janeway is NICU not PICU – the room was at least 3 times larger, painted in a nicer color, chairs, couches and tables along with phones and intercom for the unit. PICU has 2 pull-out chairs wedged side by side with a table between and one extra chair; one phone and a TV mounted high on the wall. There was not room for 2 families (all that was there when Katie was in PICU) … what if PICU was full? Where would the families go???
2006-02-22 to 2006-02-26	In PICU – Dr ? was great about keeping us completely informed of Katie's condition and progress. Was a few days before urine kicked in – had 2 doses of diuretic then began producing on her own. Had the breathing tube removed (big storm day). Had a very rough night the first	

	night – sats very low. At one point needed 50% oxygen. OT regularly visited to use a "thumper" on her chest to prevent pneumonia. Regular x-rays. Lots of antibiotics. Had IVs in both arms and a carotid IV.	
2006-02-27 to 2006-03-03	Moved to constant care room on surgical floor. Same day moved to another constant care room. Nurses commented on the number and high dosage of numerous high quality antibiotics being given IV. Started liquids then solids.	Multiple moves were very disturbing … very difficult for children who need stability and consistency. It is understandable when the level of care changes but not at other times.
2006-03-04	Moved to a private room – told to start getting up and moving as much as possible. Same day around lunchtime they came in to take out the IV in her carotid – which would necessitate lying flat for 12 hours! Not great planning. We suggested taking it out in the evening so that the majority of the "flat"ness was overnight and the nurses agreed.	
2006-03-06	Moved to a 2-bed room	
2006-03-07	Moved to another 2-bed room	
2006-03-08	Discharged	Very little information given about things to watch out for etc. Still have not had any information about possible long-term effects of multiple high dose antibiotics, multiple x-rays; high O^{2}; internal organ effects from the rupture and bile; etc.
2006-03-23	Out-patient check up with Dr. Akhtar. Removed 12 of the 24 staples (every second one). Told to come in to ER if anything was concerning us and to have him paged.	
2006-03-25	Numb area on belly and raised hot and itchy area on both thighs. Dr. Akhtar was in surgery. A surgical resident looked at her and did not think there was anything to be concerned about – the numbness was likely due to nerves cut in surgery. The raised patches appeared to be reactions to injection sites.	Questioned delayed reaction to Demerol injections (over 3 weeks before) – no answer readily available.
2006-03-28	Out-patient – Dr. Mograbi removed remaining staples. Pleased with progress. Confirmed numb area and reason. Discharge chart not transcribed – had been dictated by Dr. Bridger (surgical resident)	Could an ongoing lag in transcription have contributed to the problems with diagnosing appendicitis? There seemed to be a lack of connection
2006-04 (last	Called Dr. Akhtar's office to get a note re inability to complete ballet exam in May.	

week)	Nurse (first day back from mat leave) pulled up Katie's file on the computer – did not even see log of surgery! Actually asked was I sure that the surgery was done on the date I indicated! Transcription clearly behind. Had a record of our original Saturday visit prior to admitting Katie on Sunday.	between the Saturday visit and the Sunday visit with admitting. Were other things not entered in a timely fashion?
2006-08-03	Out-patient check up with Dr. Akhtar. File officially closed.	I wonder if it's transcribed yet?

2008 – May

Two years later Katie is just getting her abdominal strength back – she is a dancer (6 days a week) and I credit that with her getting through this as well as she did.

What did it cost her?

- Loss of a year's exam ballet work – had to take 2 grades together and do 2 exams the following year to catch up with her group.
- A very large and visible scar on her abdomen and stretch marks on stomach and thighs due to water retention after surgery
- She had major surgery and life threatening outcomes for something that should have been diagnosed before the rupture occurred.

Stars in the system: I credit Jan H (nurse) and Dr. Mograbi with saving my daughter's life. Dr. Bridger (intern at the time) was wonderful. These three actually listened to us. Jan saw Katie as a patient, not a chart, and saw the decline in our daughter's status; Dr. Mograbi stood up for us in x-ray and made sure she was seen by those who needed to see her. Dr. Bridger was Katie's friend – she brightened up everytime she came around (even on her days off she stopped in to visit).