

DEATH SUMMARY

THE HOSPITAL FOR SICK CHILDREN
555 University Avenue
Toronto, Ontario
M5G 1X8

Name: SHORE, LISA
HSC #: 1631889
D.O.B: 11/20/1987
Sex: F
Health Card #:
Date of admission: 10/21/1998
Date/Time of Death: 10/22/1998

Registration #: 98008751
Resp. Staff Physician: WRIGHT, JAMES
HSC Referring Physician:
Dictation by: LOBO, JOEL

COPY TO:

Admission and Discharge Diagnosis: Chronic pain syndrome right leg

This is a Coroners case as the patient had passed away on the ward within 24 hours of admission to hospital.

Lisa Shore is an 11 year old girl who was seen in the Emergency Room on the night of 10/21/98. She is a past patient at the Hospital for Sick Children, and has been seen in many centres in the United States and Canada regarding her chronic pain syndrome. She sustained a right sided tibial fracture approximately 5-6 weeks prior to her current admission. As a complication of treatment, she developed reflex sympathetic dystrophy in her right lower extremity, particularly below her knee. She has seen many specialists in regards to this in the United States and Canada and had previously been treated with Amitriptyline, Gabapentin, and Carbamazepine. In addition she had received numerous lumbar blocks, epidurals, PCA Morphine, and prn injectable IV Morphine.

On the night of admission, Lisa was seen in the Emergency Room by the Anesthesia Pain Service. She was assessed to have chronic pain syndrome, and acute on chronic exacerbation which necessitated admission to the Hospital for Sick Children. Since the Pain Service at the Hospital for Sick Children does not have beds available, it was agreed between Dr. Wright and the Staff Anesthetist that Lisa could be admitted to the Orthopedic floor under Dr. Wright, but her pain would essentially be managed by the Anesthesia Pain Service. This was an acceptable agreement and the patient was admitted as such.

Prior to admission, she had received several boluses of intravenous Morphine in the Emergency Room in an attempt to control her pain. She had received approximately 10 mg of Morphine prior to arriving on the floor. According to the progress notes, the Anesthesia Pain Service had ordered a patient controlled analgesia machine for use as needed by Lisa. The total dose of Morphine was approximately 17 mg since admission and the last dose was given at approximately 2 o'clock in the morning on 10/22/98. There were no further doses of Morphine. The only other medication that Lisa was on during this admission was Acetaminophen as needed for adjunctive pain control.

Therefore she was admitted to the Orthopedic Service for pain control to be managed by the Anesthesia Pain Service Team as agreed upon mutually by Dr. Wright and the Anesthesia Staff.

Approximately 7:20 am on 10/22/98 the Orthopedic Team was on Rounds, and Lisa was found in her room to be cool, pulseless, and to have fixed and dilated pupils. An arrest was immediately called and the Code Team arrived promptly. Prior to arrival of the Code Team, further IV access was attempted, oxygen was given via bag mask reservoir device (100%) and cardiopulmonary resuscitation was initiated. A full Code was run including administration of Epinephrine, and this was approximately 30-45 minutes in length. Resuscitation was unsuccessful, and the patient was pronounced deceased on the morning of 10/22/98. The cause of death was likely respiratory arrest and antecedent causes of death included reflex sympathetic dystrophy, and a prior healing right tibial and fibular fracture. Note that these latter two diagnoses were not causally related but antecedent to the above noted cause of death. Both Dr. Weight and Dr. Hedden were present on the scene, Dr Hedden was present during the arrest and Dr. Wright was notified during resuscitation.

The Coroners Office was called immediately after the patient was pronounced and this was deemed to be a Coroners case since death took place less than 24 hours from admission. The working diagnosis is respiratory failure. The Coroner, from what I understand, plans to do an autopsy on this patient to further elucidate a cause of death.

Joel Lobo, M.D.,
for James Wright, M.D., FRCSC
Staff, Orthopedic Surgeon

jl
D. 10/22/98
T. 10/29/98

MR# 1631889
LAST NAME: SHORE
FIRST NAME: LISA

cc: PATHOLOGY DEPARTMENT
HSC

DOUGLAS HEDDEN, M.D.
HSC

JOEL LOBO, M.D.
ORTHOPEDIC SURGERY
HSC

CORONERS OFFICE
TORONTO
, ON

ANESTHESIA PAIN SERVICE
HSC

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