Dr. G: File #14-CRV-0176

First of all Dr. G should never have accepted my son to the Mental Health Floor. He knew of the rising levels and knew full well that the mental health floor is not equipped to handle any physical medical conditions such as IV's etc. He knew full well that even though Dr. N had medically cleared Josh that this in fact was not the case due to the rising ammonia and Valproic levels. At one of my meetings with the hospital I spoke with Dr. S who was the psychiatrist in charge of psychiatry at the time. He stated to me that he had spoken to Dr. G about this and clearly told Dr. G that he himself would have never accepted Josh on the mental health floor knowing about the rising levels. This put Josh at great risk. Also Dr. G claims he was not aware that poison control did not clear this. This is nonsense. This is an unacceptable and careless oversight and he most certainly should have found this out.

As you can see by the following nurses notes, he knew about the levels.

	Date	Time	By	Nurse Type
Occurred:	06/06/12	2011	SXS S	RN
Recorded:	06/06/12	2017	SXS S	RN

Category: Nursing Notes

Abnormal? N Confidential? N

PRIOR TO ADMISSION WRITER REVIEWED PT'S CURRENT BLOOD WORK WHICH WAS DRAWN IN ER. WRITER CALLED DR G TO QUESTION IF HE WAS AWARE OF PT'S CURRENT LAB AMMONIA 100 AND INCREASED VALPROIC ACID LEVEL, AS THIS IS ? MED CLEAR. DR STATES HE WAS AWARE AND THAT THE ER DR HAD MEDICALLY CLEARED HIM.

Note Type	Description
No Type	NONE

College Decision: Dr G- page 5

> "The records show that Dr. G was concerned from the outset that Mr. Patey's blood levels of Epival and ammonia were rebounding, and the his level of consciousness was depressed. He contacted the internest on call, and Mr Patey was transferred to the Medical Unit and then the ICU. As a result, Dr. G's actual care for Mr. Patey was limited."

First of all if he was so concerned about Joshua's rising levels he never should have accepted him on the mental health floor. The college claims he cared for Joshua for a limited time only. Joshua was on the mental health floor from shortly after 4:00 pm until about 9:45 pm. Dr. G was not even there most of the time. It was not until after Poison control called them at 6:00 pm and voiced their concerns and the nurse called him, that he contacted the internist on call Dr S as it was clear that Dr N. was not concerned.
see the following

Patient: PATEY,JOSHUA ALVIN
Account #: MA000084/12
Unit #: 016955

Age/Sex: 25 M
Location: 5BMH
Room/Bed: 556MH-1
Attending: G
Admitted: 06/06/12 at 1649
Status: DIS IN

	Date	Time	By	Nurse Type
Occurred:	06/06/12	1800	DXH H	RPN
Recorded:	06/06/12	2041	DXH I	RPN

Category: Nursing Notes

Abnormal? N **Confidential?** N

Poison Control contact Kowasillia contacted the unit to inquire about pt's condition and to speak with pt's co-assign nurse. Explained nurse was doing an admission with pt. and that was ambulatory on the unit for supper but was a bit groggy. Posion control was going to sign off on case and stated if any concerns they could be called at any time. They had also asked was pt's repeat blood work (Epival and Ammonia levels were . Blood work results Ammonia - 100 and Epivan - 701 collected at 1300hrs today were given to Poison control who were very concerned about this bloodwork and the impact medically this may have on pt. Blood work from this morning at 0500 was Epival level lower than 69 and Ammonia level 18. Poison control stated that they were unaware and not called about increase in levels at 13.00 and were concerned about pt's stability. They could not say whether pt. shouold be admitted on this unit but did feel with these results pt. was a risk for decreased CNS, hypotension and decreased LOC. There reccomendations at this time were for an IV access as unpredictability of pt. acute at this time, also blood work levels to be drawn q6hrs as well as closely monitored by a nurse.
Poison control suggested following up with the DR. regarding this information.
1810 - Charge nurse informed and Shift Admin notified of above situation.
1815 - Unit manager K made aware of this situation.
Suggested a Risk Pro be filled out and Dr. G to be informed as well.
1820 - Dr. G informed of above info and the reccomendations and concerns of Poison Control. He will contact Dr. N who cleared the pt. medically.
1830 - Dr. G called back to the unit and was unable to get ahold of Dr. N but did get a hold of Dr. S (acting as INternest today). She will be in to assess pt's medical status. He explained the situation to Dr. S who will be looking into the pt's situation. Writer suggested having repeat Epival and Ammonia levels drawn now and sent out STAT. This was ordered and enetered by writer.
1835 - Dr. G called back and he was able to get ahold of Dr. N who he stated he stands behind his decision that the pt. is medically cleared despite Poison Controls suggestions and concerns. Dr. S coming in still to assess situation. Dr. G does not wish an IV start at this time.
1920 - Dr. S in to assess pt. Information provided. Suggestions from Posion control provided to Dr. S Dr. S. feels pt. shold be monitored and that blood work should be repeated. She is concerned about blood work levels. Made aware that STAT levels were drawn and sent out STAT.
Dr. S asked writer to contact Poison control to find out dosing of Anecdote for Increased blood levels.
1942 - Posion control contacted. Suggestion were for baseline ecg, repeat blood work which was drawn, IV access as well as Levocarnitine dosin in case pt. needs this medication. Information obtained from Kowasillia from Poison

I believe if Poison control had not called them, Dr. G. would have not been concerned until the episode started at 8:30 pm. In fact, according to the records, Dr. G. did not bother to contact the hospital again until 10:00 pm. This to me shows very little concern for Joshua's well being.

College Decision: Dr. G. page 6

> "Having studied the medical record carefully, the Committee is of the view that Ms. Patey's assertion that her son did receive haldol is not supported"
>
> " The Haldol was ordered 'prn' meaning it could be given if needed (at the nurse's discretion). This is reflected both in the Patient orders sheet and the MAR (Medication Administration Record). Such an order is quite standard on a psychiatric ward for severe agitation.

I first want to show you the letters that Dr. G. sent to my son's family Dr. Where it clearly states that he held back all of Josh's regular meds and prescribed Haldol. See next page for second one.

COPIES: A.Y.

Date of assessment and dictation: June 6, 2012.

Mr. Patey was admitted to the Emergency Department after he overdosed with Venlafaxine and Abilify. He has been medically assessed by Dr. N_ _ I tried to interview him early in the morning. However he was sedated and I could not do my interview. However during that day it seems that he got better in his level of consciousness and was able to follow an interview. However, at 2:40 I tried to interview again and he was difficult to arouse. I made several attempts to keep him awake, however he was falling back to sleep. All that I could gather is that he overdosed because he was feeling tired of feeling the way that he was feeling and he was not sure of wanting to stay in the hospital. However this is not an assessment at this time. I will reassess later.

R[redacted] M.D. Psychiatry

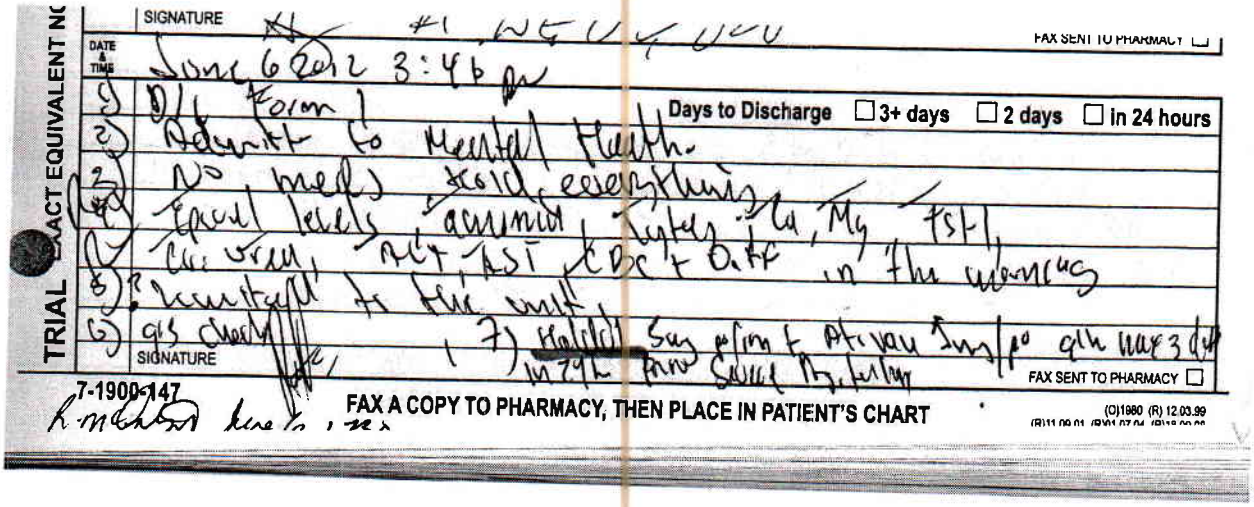
COPIES:] A.Y.

Date of assessment and dictation June 6, 2012 time 3:46.

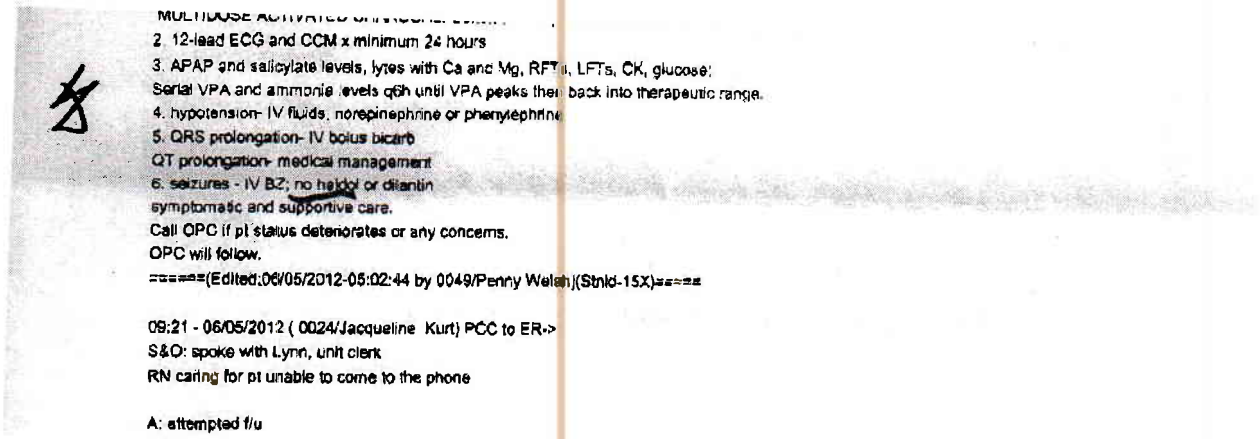
Joshua has been medically cleared by

Mr. Patoy reported to me that in the last week or so he has been feeling quite depressed and he got sick and tired of living the way that he was doing because he was not able to concentrate and write his book. He feels suicidal because he is on ODSP, and it seems that he cannot move on with his life. His sleep has been poor lately, with poor energy. However he said that he was doing very well on Abilify 10 mg once a day and Venlafaxine, plus Divalproex. Please refer to the notes of Dr. as complementary information oft Joshua. He reports that he has been abusing marijuana in the past and alcohol. He is saying that he wants to stay voluntary in hospital and he is going to be compliant with treatment. He denies any intention of hurting himself at this time and is happy that he did not succeed. He continues being in some way drowsy, however he seems to be well enough to go to our unit. He continue with high ammonia of 100, however his Divalproex sodium is 701. We are going to repeat lab work tomorrow morning. At this time I am holding all his medication, and we will reassess tomorrow morning. I ordered Haldol 5 mg p.o./IM, plus Ativan 1 mg IM/p.o. every hour, maximum three doses in 24 hours ~~p.r.n.~~, for severe agitation. He will be limited to our unit. I am discontinuing the Form 1. He will be recertified if he tries to leave the unit.

The following is the record that clearly shows the order being faxed to the pharmacy.



Now I will point out that Poison Control clearly stated not to give him Haldol or Dilantin.



MULTIDOSE ACTIVATED CHARCOAL ...
2. 12-lead ECG and CCM x minimum 24 hours
3. APAP and salicylate levels, lytes with Ca and Mg, RFTs, LFTs, CK, glucose;
Serial VPA and ammonia levels q6h until VPA peaks then back into therapeutic range.
4. hypotension- IV fluids, norepinephrine or phenylephrine
5. QRS prolongation- IV bolus bicarb
QT prolongation- medical management
6. seizures - IV BZ; no haldol or dilantin
symptomatic and supportive care.
Call OPC if pt status deteriorates or any concerns.
OPC will follow.
======(Edited:06/05/2012-05:02:44 by 0049/Penny Welch)(Stnld-15X)======

09:21 - 06/05/2012 (0024/Jacqueline Kurt) PCC to ER->
S&O: spoke with Lynn, unit clerk
RN caring for pt unable to come to the phone

A: attempted f/u

This tells me just how concerned Dr. G. was about my son. He did not even read Poison control records. Again his excuse was that Dr. N. had medically cleared Josh but as mentioned before Dr G. knew full well that Josh was <u>not</u> medically clear.

	Date	Time	By		Nurse Type
Occurred:	06/06/12	2011	SXS	S	RN
Recorded:	06/06/12	2017	SXS	S	RN

Category: Nursing Notes

Abnormal? N **Confidential?** N

PRIOR TO ADMISSION WRITER REVIEWED PT'S CURRENT BLOOD WORK WHICH WAS DRAWN IN ER. WRITER CALLED DR G TO QUESTION IF HE WAS AWARE OF PT'S CURRENT LAB AMMONIA 100 AND INCREASED VALPROIC ACID LEVEL, AS THIS IS ? MED CLEAR. DR STATES HE WAS AWARE AND THAT THE ER DR HAD MEDICALLY CLEARED HIM.

Note Type	Description
No Type	NONE

I will now show you what was relayed to Poison Control by the nurse. I believe my son did in fact have a seizure consistent with him being given Haldol. This should have been investigated by the college. They should have contacted Poison Control for their opinion.

Ontario Poison Information Centre

Date of Call: 06/05/2012 04:43:25 Tuesday
Time of Exposure: 06/05/2012 03:01:25 Tuesday
Initial SPI: 0049
Start by: 0049
Case Number: 2012001-8435842
PCtr: 001/Toronto

-continue to assess neurological status closely
-Q6H VPA levels and ammonia levels
-IV access
-continue with symptomatic and supportive care

To call OPC if there are any concerns or changes in the patient's clinical status. OPC to follow.
=====(Edited:06/06/2012-18:24:48 by 0089/Krista Abu Khalil)(Strid-20X)=====

=====(Reviewed:06/06/2012-18:43:08 by 0693/Maude St Onge)(Strid-22X)=====
19:41 - 06/06/2012 (0089/Krista Abu Khalil) Psychiatry to PCC->
Spoke with Denise, RN.

S/O:
RN calling to update OPC on clinical status and current management.
Patient remains drowsy.
Ammonia level and VPA levels just sent; pending.

Currently being assessed by internal medicine and plan to be t/f to Telemetry.

Asking if L-carnitine needs to be given and what other treatment are needed?

A:
F/U call.

P:
Recommendation:
-as per Dr. Thompson (documentation on June 5 at 14:48): L-carnitine 15mg/kg or a max of 6grams Q24 hours
-Q6H VPA and ammonia levels
-IV access
-cardiac monitoring; 12 lead ECG
-symptomatic and supportive care

To call OPC if there are any concerns or changes in the patient's clinical status. OPC to follow.
=====(Edited:06/06/2012-19:55:04 by 0089/Krista Abu Khalil)(Strid-20X)=====

00:25 - 06/07/2012 (0055/Kirsti Kavanagh) ICU to PCC->

S/O: K G RN calling about this patient as he has arrived from psychiatry. On arrival he was extremely agitated, "wild" with possible seizure activity (although RN does not feel that patient actually seized). Patient was intubated and sedated with propofol and succinylcholine. Current BP 176/68, HR 130 (sinus tachycardia). RN states that lytes, LFTs and RFTs are WNL. Levocarnitine was last given at 2330

Labs from 06/07/2012 19:10 ----------
Labgroup-LFT
AMMONIA (NH3)-358 µMOL/L /
Labgroup-LYTES
BUN-1.8 MMOL/L /
Labgroup-TOX
VPA-881 µMOL/L /

A: Info

P: Advised that although valproic acid has erratic absorption and elimination it is unusual for symptoms of overdose to take such drastic turn almost 48 hours postingestion.
Care remains symptomatic and supportive, continue to follow VPA level q.4-6 h. RN agrees to call if next labs are elevated or patient status deteriorates. Toxicologist available p.r.n.
OPC to follow

I have been told by the hospital that everything that is ordered has a pharmacy record. I have supposedly received all the pharmacy records and there is a record for everything, whether he received it or not. There is a record for the Haldol prescribed on June 11. So why is it that the only pharmacy records missing are the two Haldol records that were prescribed by both Dr. G. and Dr. S. on June 6. Both were faxed to pharmacy so where are they? The last visit I had with the hospital I was told that "maybe they fell off the fax machine." Really?

College Decision - Dr. G. page 7

> "We would comment that while Ms. Patey has suggested that hospital pharmacy records (which she believes are missing) would prove Haldol was given, this is not necessarily the case. Haldol is typically stocked on hospital floors, and since this was prn order, if it was needed the hospital pharmacy would not need to be involved. The best record is the MAR, which shows Haldol was never administered (no initialled doses).

If there was no need to have a pharmacy record for this than why is there one for June 11.

Now to speak to the MAR record. Please look at the enclosed MAR record that they speak about. I seem to be the only one to notice that the dates are incorrect. If you look down the left side you will see the medication and the date it is ordered. Now if you look across the top you will see the administration dates. Why does it start at June 8 and not June 6? When I questioned this at the hospital I was told that the nurse must have made a mistake. Again I say Really? Of all the MAR records it is the only one with this mistake on it. Coincidence? I think not. I have been told that this is a legal document. This document could easily be copied and changed and I firmly believe this is what they did only they were not careful enough about the dates.
I asked them to question the nurses as to what they gave my son and this was never even talked about. Why? It would seem that would be the logical thing to do given the fact that the pharmacy records are missing. I still insist this should be investigated by the college.

See MAR record next page

See the following: In fact it was discontinued on June 7 at approximately 12:30 am after Dr. S. spoke personally with Poison Control.

CAMBRIDGE MEMORIAL HOSPITAL
700 Coronation Blvd.,
Cambridge, ON N1R 3G2
519-621-2330
Check here if more than one page in use

PATEY
016955

ALLERGIES Nkr.

START DATE	MEDICATION NAME, DOSE, ROUTE, FREQUENCY	HOUR	DATE June 8	DATE 9	DATE 10	DATE 11	DATE	DATE	DATE
June 6/12 VS W	Haldol 2.5 - 5mg IM/PO q2h	PRN	D/C						
June 7/12	Gravol 25 - 75mg IV/IM q4h PRN	PRN							
June 7/12	Tylenol 325mg PO/NG/PR q4h PRN	PRN							See new order
June 7/12	Versed 1-5mg IV q5-15min until sedated (max 20mg) then								
June 7/12	Versed 1-5mg IV q1h PRN								
June 7/12	Versed 1-5mg IV q30-60min PRN (while on intubation)								

SINGLE DOSES

DATE	MEDICATION, DOSE, ROUTE	TIME	DATE	DATE	DATE	DATE	DATE	DATE	DATE
June 7/12	Inf. Rate @ IV x 1 hour - NG @ 0230 June 7/12								
June 7/12	Resuscitation Fluids 4mg IV (if necessary give prior to starting infusion)								

7-1900-127 **MEDICATION RECORD - PRN**

> "However, there was never a need for the Haldol to be given. Mr Patey was somnolent for the first few hours in the Mental Health Unit, and when he became agitated, he was in the ICU where he received Propofol and succinylcholine and where he was intubated."

Joshua was not transferred promptly to the medical health unit as they would have you believe. Myself and several others visited with him from 5:00 - 7:30 in the mental health unit. He seemed very dozy and kept nodding off. I assumed this was due to him being tired. I now know it was the rising ammonia levels that were causing this as he was prematurely medically cleared. I have witness statements to Josh's behaviour during our visit with him.

By 8:00 pm he was apparently sleeping soundly. Now at 8:30 they decide to wake him and move him and as you can see in the nursing notes to follow he was becoming very confused and agitated at this point. In fact security was called to help with the transfer. He was not transferred until 9:45 pm. to the medical unit. He became agitated long before he arrived at ICU which was after 11:00 pm.

	Date	Time	By	Nurse Type
Occurred:	06/06/12	2322	SXP P	RN
Recorded:	06/06/12	2348	SXP P	RN

Category: Nursing Notes

Abnormal? N Confidential? N

2000-pt sleeping soundly-breathing deeply-phone report given to Charge Nurse and at her request pt to remain on 5MH for a short while due to acuity on Med
2030-pt woken for transfer-pt informed to get in a wheelchair but he did not and looked right past this writer and was mumbling incoherently-pt was confused and acting erratically-went out into the hall and started banging on the door trying to get out-security and 2 other nurses present with this writer-when pt asked what his name was he responded "over there" when asked if he knew where he was he responded "Josh" and continued to roam around erratically-at this time,more security arrived and pt was persuaded to get into the wheelchair and pt was moved to 5 Medicine-pt placed on his bed and report given to pts nurse
2200-Dr. . . called Mental Health unit to enquire about pt-informed that he had been moved to 5Medicine per Dr.S: s orders and also informed of pts bloodwork results

Now if someone is acting this way in the hospital, I know they would have given him something to calm him down. Since Haldol had been prescribed for "agitation" by Dr. G. and not cancelled at this time and he was still in the mental health unit under Dr. G.'s care it would make sense that this is what would be given.

Dr. G. was clearly negligent in my son's care by accepting him to the Mental Health Unit and by prescribing Haldol which I maintain my son <u>was</u> given.

Added Note: May 28/17
I also believe they had trouble waking him because of the ammonia levels possibly causing him to start slipping into a coma and this would also add to his confusion.