SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA
CIVIL DIVISION

JACINTA ONYENAGADA
and FRANKS NNANI, Mother and Father,
Next Friend and Co-Personal Representatives of
The Estate of A.N., Deceased
8519 Greenbelt Road Apt 201
Camp Springs, MD 20746

Plaintiffs,

v.

Civil Action No. 2016 CA 002168 M

CHILDREN'S NATIONAL MEDICAL CENTER
111 Michigan Ave NW
Washington, DC 20010
Serve: CT Corporation System
1015 15th Street, N.W., Suite 1000
Washington, DC 20005

and

KAISER FOUNDATION HEALTH PLAN OF
THE MID-ATLANTIC STATES, INC.
One Kaiser Plaza
Oakland, CA 94612
Serve: Prentice-Hall Corporation System, Inc.
1090 Vermont Avenue, N.W.
Washington, DC 20005

and

MID-ATLANTIC PERMANENTE MEDICAL
GROUP, P.C.
2101 E. Jefferson Street
Rockville, MD 20852
Serve: Corporation Service Company
1090 Vermont Avenue, N.W.
Washington, DC 20005

Defendants.

COMPLAINT

COMES NOW, the Plaintiffs, Jacinta Onyenagada and Franks Nnani, As Personal Representatives of the Estate of A.N., deceased, by and through counsel, Karen E. Evans, Esq. and The Cochran Firm, and moves this Honorable Court for judgment against Defendants, Children's National Medical Center, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Mid-Atlantic Permanente Medical Group, P.C., Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Medical Group, hereinafter referred to as the "Kaiser Defendants", jointly and severally, and alleges as follows in support of his claim:

JURISDICTION

1. Jurisdiction is invoked over Defendants pursuant to D.C. Code §§ 11-921, 13-422, and 13-423 and is vested in this Honorable Court because the Defendants do business in the District of Columbia and the healthcare at issue occurred in the District of Columbia. Jurisdiction of this Court is founded on D.C. Code § 11-921 (2001). Venue is proper, as the Cause of Action arose in the District of Columbia.

PARTIES

2. Jacinta Onyenagada is A.N.'s Mother and has applied to become appointed as Co-Personal Representative of the Estate of her son, the decedent A.N., and is of full age, and is a resident of Maryland.

3. Franks Nnani is A.N.'s Father and has applied to become appointed as Co-Personal Representative of the Estate of his son, the decedent A.N., and is of full age, and is a resident of Maryland.

4. At all times relevant hereto Defendant Children's National Medical Center was a medical corporation, duly licensed and accredited, in the business of providing health care services, individually and through its employees and/or real and/or ostensible agents, to those in need thereof in the District of Columbia, including Plaintiff's decedent, A.N.

5. At all times relevant hereto the nurses and physicians who provided care to Plaintiff's decedent, A.N. were the employees and/or agents, real, apparent and/or ostensible, of Children's National Medical Center, and were acting within the scope of their employment or agency.

6. At all times relevant hereto Defendants Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Mid-Atlantic Permanente Medical Group, P.C., Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Medical Group, hereinafter referred to as the "Kaiser Defendants" were medical corporations, duly licensed and accredited, in the business of providing health care services, individually and through its employees and/or real and/or ostensible agents, to those in need thereof in the District of Columbia, including Plaintiff's decedent, A.N.

7. At all times relevant hereto the nurses and physicians who provided care to Plaintiff's decedent, A.N. were the employees and/or agents, real, apparent and/or ostensible, of Defendants Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Mid-Atlantic Permanente Medical Group, P.C., Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Medical Group, hereinafter referred to as the "Kaiser Defendants", and were acting within the scope of their employment or agency.

8. Defendant Children's National Medical Center and the "Kaiser Defendants" are liable to the Plaintiff for the acts and omissions of its employees, agents (real, apparent and ostensible), pursuant to the doctrine of *Respondent Superior*.

FACTUAL BACKGROUND

9. A.N. was born on July 8, 2009.

10. A.N.'s past medical history included Down Syndrome, heart defects, including Tetrology of Fallot and a Ventricular Septal Defect, both of which were surgically repaired during infancy and which were known to CNMC.

11. A.N. had previously undergone bilateral replacement of PE (Pressure Equalizer) tubes in his ears in May 2013.

12. As of April 12, 2014, A.N. had been receiving Floxin antibiotic drops, five (5) drops into his left ear twice a day since February 24, 2014. A.N.'s other medications included Diamox 0.8 mgs three times per day orally since October 2013.

13. On Saturday, April 12, 2014 at or about 04:06, A.N., age 4 years old, presented to the Children's National Medical Center (hereinafter "CNMC") Emergency Room (hereinafter "ER") with his parents, for complaints of vomiting at least five times since the prior night; upper respiratory symptoms for one week, with nasal congestion and a worsening cough.

14. His initial temperature was 101.5 degrees Fahrenheit (hereinafter "F."), axillary; his respiratory rate was 40 and he was hypoxic with oxygen saturation levels of 94%; his skin was noted to be "dry"; and he had no urine output since approximately midnight.

15. CNMC ER Pediatrics Resident Cicely A. Williams, M.D. noted A.N.'s worsening cough; his multiple episodes of emesis; and decreased oral intake. His medication, Diamox 0.8 mg three times per day, was documented.

16. She did not document that A.N. was also receiving antibiotic ear drops Floxin, five (5) drops, nor about the appearance of A.N.'s throat/posterior oropharynx.

17. During this CNMC ER visit on the morning of April 12, 2014, there was no documentation of the appearance of A.N.'s throat/posterior oropharynx by any CNMC ER physician.

18. On April 12, 2014 at 05:12, Dr. Williams' differential diagnoses were: vomiting, pneumonia, and upper respiratory infection. The 'rationale' for these differential diagnoses was "Likely posttussive emesis in setting of viral URI (upper respiratory infection); however, will get CXR (Chest X-Ray) to look for pna (pneumonia) given febrile here with decreased SpO2 (oxygen saturation) and emesis." Dr. Williams also ordered acetaminophen 250 mg orally to be given once.

19. At 05:46 on April 12, 2014, attending CNMC ER physician Priya Gopwani, M.D. ordered a Chest X-Ray to be performed on A.N. He interpreted the Chest X-Ray as: "Diffuse haziness consistent with viral process. No focal consolidation seen."

20. At 06:16 on April 12, 2014, A.N.'s temperature was 100.2 degrees F axillary, after having received acetaminophen 250 mg orally approximately an hour earlier.

21. At an undocumented time on April 12, 2014, a "Reexamination/Reevaluation" of A.N. was performed by either Dr. Priya Gopwani or by Resident Williams. The Note stated

"Parents concerned about dehydration as pt (patient) weak, however, pt (patient) passed PO (oral) challenge. Counseled parents on signs of dehydration. Will discharge home."

22. Other than the aforementioned Note, there is no documentation in the CNMC ER records during this April 12, 2014 early morning visit regarding what oral fluids were given to A.N., nor the amount of such oral fluids, nor documentation of any urinary output.

23. Shortly before he was discharged the morning of April 12, 2014, A.N.'s heart rate was even higher than on presentation – at one hundred thirty-eight (138); and his respiratory rate was twenty-four (24.) No temperature nor blood pressure was documented at this time.

24. At or about 07:01 on April 12, 2014, less than three hours after his arrival, A.N. and his parents left the CNMC ER with a diagnosis of upper respiratory infection.

25. No Laboratory tests were ordered during this CNMC ER visit on the morning of April 12, 2014.

26. After A.N. was discharged, radiologist Eva Ilse Rubio, M.D., officially interpreted the Chest X-Ray and described finding that A.N. had small bilateral pleural effusions; diffusely prominent vascular and interstitial markings; and cardiomegaly.

27. On the evening of April 12, 2014, less than twelve hours after being discharged from the CNMC ER, A.N.'s parents brought him again to the CNMC ER.

28. In triage, A.N.'s temperature was 100.9 F axillary; his heart rate was now one hundred fifty (150); and his respiratory rate was elevated at forty-two (42.) He was still vomiting; his last emesis had occurred at 19:30 that evening. He still had nasal congestion. Once again his medications included Diamox 0.8 mg three times per day. His breath sounds were noted to be coarse in all lobes, with upper airway congestion. His urine output was

reported by his mother to be decreased; and he now had an erythematous rash on his neck and face.

29. Resident physician Dr. Justin M. Azar's HPI (History of Present Illness) stated, in part, that A.N. had a history of Down syndrome, he'd had a repair of Tetrology of Fallot of his heart; that he'd had posttussive emesis, cough, and fever times one week; and noted A.N.'s earlier low SpO2 of 94%. Dr. Azar noted that A.N. was "Now returning [approximately] eighteen (18) hours later with persistent post-tussive emesis, inability to tolerate PO (oral fluids) – pedialyte, water – and 1 (one) wet diaper at 1400." He documented that A.N. was "[m]ore tired than usual and sleeping more." Once again, the medication Diamox 0.8 mg orally three times per day was noted. He also noted A.N.'s rash, although it was not further described by him. A.N. still had nasal congestion and cough.

30. On exam, Dr. Azar noted "Tympanic membranes clear" and "lips dry." A.N.'s capillary refill was prolonged at three to four seconds. He had coarse breath sounds throughout; audible upper airway congestion; and "intermittent minimal SC (subcostal) retractions."

31. There is no documentation of an examination of A.N.'s throat/posterior oropharynx by any physician during this second CNMC ER visit -- from the evening of April 12. 2014 through early morning on April 13, 2014.

32. Resident Dr. Azar's differential diagnoses the evening of April 12, 2014 were: "Vomiting, viral syndrome, bronchiolitis, upper respiratory infection. Post-viral illness."

33. His "Rationale" for the above differential stated, in part, "here with viral URU (upper respiratory infection) and persistent post-tussive emesis likely due to viral illness leading

to ***hypovolemic shock***; will volume resuscitate and re-assess with plan to give Zofran and re-trial PO" (oral fluids.)

34. By 22:30 on April 12, 2014, A.N.'s heart rate was up to 155 and he was still tachypneic, with a respiratory rate of 34.

35. At 22:38 on April 12, 2014, A.N. was given the anti-emetic drug Zofran, 2.5 mg intravenously, per Order by Resident Dr. Azar.

36. Although during this second ER visit, A.N.'s skin had again been noted to be dry; he was tachypneic and tachycardic; he had decreased urine output; he was still vomiting; he had been unable to tolerate oral fluids, and his capillary refill was prolonged at three to four seconds, Nurse Sara Scott's "ED Estimate of Dehydration" recorded "No" to: abnormal respirations, tachycardia, capillary refill, and decreased urine output.

37. She inaccurately recorded A.N.'s "Dehydration Score" to be zero. Her "Comment" under the above Dehydration Score was: "MD aware. To give IV (intravenous) NS (normal saline) bolus anyway per MD due to parents insisting per MD."

38. During the nearly ten hour CNMC ER visit commencing on the night of April 12, 2014, A.N. was only given a total of three hundred thirty (330) mL of intravenous normal saline, which was ordered by Resident Dr. Justin Azar.

39. By 23:35 on April 12, 2014, A.N.'s temperature had risen to 101.3 F *axillary*, despite his having been given Tylenol approximately two hours earlier at 21:31; his heart rate was still tachycardic at 133 and he was now mouth-breathing.

40. At 23:49 A.N. was given ibuprofen and described as having a large amount of thick, yellow sputum; he had nasal discharge; and he was "Unable to clear secretions," for which a Yankauer suction device was utilized to suction his secretions.

41. At 06:04 on April 13, 2014, after two (2) doses of ibuprofen, A.N.'s axillary temperature had risen to 103.1 degrees F; his heart rate was elevated at one hundred forty (140), and his respiratory rate was elevated at twenty-eight (28.)

42. A.N. was prescribed more ibuprofen and discharged five (5) minutes later with instructions to follow-up with his pediatrician within 2 – 4 days.

43. Dr. Kaynan Doctor was aware of A.N.'s axillary temperature of 103.1 degrees F and his heart rate of one hundred forty (140) before he discharged A.N. from the CNMC ER on the morning of April 13, 2014.

44. A.N. could not walk out of the hospital and had to be carried out of the CNMC ER by his parents at the time of discharge on the morning of April 13, 2014.

45. No laboratory tests were ordered to be performed on A.N. during this second CNMC ER visit, which ended on the morning of April 13, 2014.

46. No repeat Chest X-Ray was ordered during this second CNMC ER visit, which ended the morning of April 13, 2014.

47. Additionally, there is no indication that any physician reviewed the April 12, 2014 morning chest x-ray or the official radiologic interpretation of it at any time during this second, nearly ten-hour CNMC ER visit ending on the morning of April 13, 2014.

48. A.N.'s total intake during this nearly ten-hour CNMC ER visit ending the morning of April 13, 2014 was four (4) ounces of oral fluids and three hundred thirty (330) milliliters of intravenous fluids.

49. A.N.'s documented total output during this nearly ten-hour CNMC ER visit ending on the morning of April 13, 2014 was one wet diaper at approximately midnight.

50. A.N.'s parents made a follow up appointment with his pediatrician as directed.

51. On the morning of April 14, 2014, A.N. was taken by his mother to see pediatrician Dr. Rennie Thomas. His initial vital signs at 12:14 p.m. included a pulse of one hundred forty (140), temperature of ninety-eight (98) degrees F, having received Tylenol about one (1) hour earlier, and oxygen saturation of ninety-seven (97) percent (%).

52. Dr. Thomas noted that A.N. continued to have post-tussive emesis on April 13, 2014 [after his second discharge from CNMC ER]; he was still vomiting, and his fever had been 103.3 degrees F at 7:00 pm the night of April 13, 2014.]

53. A.N's left ear still had otorrhea, and she was 'unable to visualize TM [Tympanic Membrane] or tube'; his oropharynx revealed tonsils enlarged at two-plus with moderate erythema and no exudate. His capillary refill was three (3) seconds. A culture of his ear drainage on April 7, 2014, revealed scant growth of *Streptococcus Mitis* and yeast.

54. On April 14, 2014, Dr. Thomas performed a Rapid Strep Test, which was positive. Dr. Thomas diagnosed A.N. with Streptococcal pharyngitis and dehydration; she ordered blood work drawn and she treated A.N. with intravenous ceftriaxone eight hundred (800) milligrams intravenously, as well as an infusion of three hundred (300) milliliters of normal saline.

55. Dr. Thomas wrote, in part, that 'As patient was leaving, received phone call from Michelle in PG (Prince George's) lab stating there was a critical lab value – Bicarb 14 [fourteen.] I informed mom of the low bicarb, likely due to pt's [patient's] dehydration. Discussed that pt [patient] had just received IVF [intravenous fluids] which will help.'

56. After receiving the phone call regarding the critical Bicarbonate Lab results, Dr. Thomas sent A.N. home with instructions for his mother to begin giving him oral Amoxicillin twice per day for an ear infection, starting on the morning of April 15, 2014.

57. On the evening of April 14, 2014, Dr. Thomas received A.N.'s blood test results. They were abnormal and revealed seventy-one (71) percent (%) Bands; a blood Glucose level of forty-six (46); serum BUN of thirty-two (32); serum Creatinine level of two (2.0); and a serum Sodium level of one hundred forty-eight (148). His white blood cell Morphology included one-plus (1+) Dohle Bodies, and one-plus (1+) Toxic granulation of polymorphonuclear cells (PMN's).

58. Upon receipt of these laboratory results, Dr. Thomas reports that she called A.N.'s mother and instructed her to take A.N. directly to the CNMC ER, advising that A.N.'s blood glucose was low, his BUN and Creatinine were concerning for significant dehydration and possible kidney involvement; and she told A.N.'s mother of his extremely high Bands.

59. After calling A.N.'s mother, Dr. Thomas noted that she called the Children's National Medical Center and she spoke with Dr. Karen Raskis, the pediatrician on call, regarding A.N's status and his prior CNMC ER visit.

60. After speaking with Dr. Karen Raskis, Dr. Thomas then faxed to the CNMC ER A.N.'s April 14, 2014 Lab results and her Notes from that day's visit.

61. On or about 6:20 pm on April 14, 2014, Dr. Thomas wrote that she called the CNMC ER to 'let them know I faxed over all labs, face sheet, and progress note. They will check to make sure it was received and call peds on call with any questions. Reviewed again BUN/Cr [Creatinine] and band count 71% with ECIC [Emergency Communication and Information Center.] Called mom again to make sure they are on way to ED. Received voice mail so left message."

62. A.N.'s mother had already called 911 before Dr. Thomas's call and on April 14, 2014 at or about 18:07, Prince George's Fire Department arrived at A.N.'s residence. Their records reflect that A.N. 'appeared weak and tired.' They noted that A.N.'s blood sugar level taken while at Dr. Thomas's office 'was in the 40s and he was diagnosed with strep throat and dehydration. Vitals attempted, but the patient was squirmy and wouldn't hold still for an accurate set of vitals. Pt [patient] transported priority to Children's' Hosp[ital.] Center, consult made at 1820 hrs. Pt [patient] report given to charge nurse...'

63. Prior to A.N.'s arrival at the CNMC ER the evening of April 14, 2014, the CNMC ER charge nurse was notified by the Prince George's Fire Department personnel that A.N.'s blood sugar level taken while at his primary care physician's office was in the forties (40's), and that he was diagnosed with strep throat and dehydration by his primary care physician.

64. Prior to A.N.'s arrival at the CNMC ER the evening of April 14, 2014, Gustavo Leite, Emergency Communications Specialist at CNMC ER, was called by Dr. Rennie Thomas and informed that A.N. was being brought to the CNMC ER. Mr. Leite's notes indicate he was also informed by Dr. Thomas that A.N. had been 'vomiting' and that A.N.'s blood work had shown 'Band Count is 71%.'

65. Prior to A.N.'s arrival at the CNMC ER the evening of April 14, 2014, the CNMC ER personnel also received via facsimile Dr. Rennie Thomas's Progress Notes regarding her evaluation, diagnoses and treatment of A.N. earlier that day.

66. At or about 18:50 on April 14, 2014, A.N. arrived in the CNMC ER Triage area.

67. During Triage at CNMC ER at 19:02 on April 14, 2014, Nurse Shannon Taylor noted that the Chief Complaint was increased work of breathing; fever; decreased oral intake; low blood glucose at his primary care physician's office earlier that day; his positive strep test result at his primary care doctor's office; and his history of Trisomy 21 and heart defects, with repaired Tetrology of Fallot.

68. On April 14, 2014 at 19:04, CNMC ER employees and agents were aware that "blood work done and PMD [primary medical doctor, Dr. Thomas] concerned for kidney function as Cr [Creatinine] was elevated per mom – blood glucose at PMD was 47 [forty-seven]; mother states pt [patient] was given a shot for strep unsure the name, assume PCN [penicillin] or Ceftriaxone?"

69. About forty-two (42) minutes later, lab tests were ordered and a Resident's initial evaluation and examination of A.N. was performed by Dr. Anna Hoffius. Her evaluation revealed that A.N.'s heart rate was elevated at 152, respiratory rate elevated at 34 and his oxygen saturation was low at 96%.

70. Resident Dr. Hoffius's history and evaluation Notes regarding A.N. on April 14, 2014 at 19:47 documented the following history: increased WOB (work of breathing), fever, decreased oral intake, decreased urine output, dehydration, diarrhea four times since 14:00; low glucose while at his primary care physician's office earlier that day; an elevated Creatinine; and

that A.N.'s parents had been told to come to the Emergency Department by his primary care physician. Dr. Hoffius also noted that A.N.'s Rapid Strep test had been positive at his primary care physician's office earlier that day; and that his parents noted he was 'More tired than usual.' Dr. Hoffius's examination revealed A.N. was 'tired appearing, wiggling around bed.' She noted he had an erythematous papular rash on his neck and chest; and had petechiae on his legs; his mucous membranes were dry; and his capillary refill was approximately three (3) seconds.

71. No mention was made regarding the appearance of A.N.'s throat/posterior oropharynx on the evening of April 14, 2014, and Dr. Hoffius's Differential Diagnosis of A.N. that evening was solely "Strep pharyngitis."

72. Dr. Hoffius's reexamination/reevaluation Notes stated that A.N. 'continues to be moving around bed, cap [capillary] refill 3 secs [seconds.] IV attempted x 3 (times three) without success.'

73. At 19:46 on April 14, 2014, Dr. Hoffius ordered that A.N. be given a bolus of three hundred forty (340) mL's of normal saline intravenously at 20:00, as a "Routine" order.

74. At 19:48 on April 14, 2014, A.N. was "uneasy, restless, tense" and he was "squirming, shifting back and forth, tense." At this time, his heart rate was one hundred fifty-two (152); his respiratory rate was thirty-two (32.); and his oxygen saturation level was ninety-five (95) percent.

75. At 19:50 on April 14, 2014, Resident Hoffius ordered a blood glucose level to be drawn on A.N. Blood for the blood glucose level was not obtained until approximately fifty minutes later, at 20:41. The glucose result was a "Critical" value of less than twenty (20) mg/dL (milligrams per deciliter.)

76. No attending CNMC ER physician personally examined A.N. on the night of April 14, 2014, until after A.N. had become unresponsive and limp, with questionable seizure activity, at or about 20:50.

77. No peripheral intravenous line was ever able to be inserted into A.N on the evening of April 14, 2014.

78. Neither Dr. Hoffius, nor any other physician, ordered that an intraosseous access be inserted into A.N. on the night of April 14, 2014, until after A.N. had experienced a cardio-respiratory arrest.

79. Blood for the initial Lab tests, which had been ordered by Dr. Hoffius at 19:46 on April 14, 2014, was finally obtained about an hour later, at approximately 20:41, but no results were received until after A.N. had coded, except for the 20:41 "Critical" blood glucose of less than twenty (20) mg/dL.

80. After 19:48 on April 14, 2014, no vital signs on A.N. were documented in the CNMC ER records until after 20:50, when A.N. became unresponsive, limp, and was determined to have no pulse.

81. At 20:14 on April 14, 2014, CNMC ER physician Dr. James Chamberlain ordered ibuprofen orally to be given to A.N., which medication was given by Nurse Lauren Black at 20:31 'for comfort/fever control.'

82. A Code was called on A.N. at or about 20:50 on April 14, 2014, and the initial cardiac rhythm was noted to be asystole.

83. At or about 21:15 on April 14, 2014, twenty-five (25) minutes after A.N. coded, an intraosseus line was inserted.

84. A second, "EZ IO" intraosseous line was inserted into A.N. at 21:36 on April 14, 2014.

85. Prior to his Code in the CNMC ER at or about 20:50 on April 14, 2014, A.N. had not received any parenteral fluids to treat his dehydration; no parenteral glucose to treat his hypoglycemia; no medications to treat his acidosis; and no antibiotics and other medications to treat his serious infection.

86. The first dose of glucose (Dextrose) was administered to A.N. intravenously at 20:53 on April 14, 2014, at which time A.N. was noted to have 'no pulse.'

87. No parenteral fluids were administered to A.N. until approximately 21:01 on April 14, 2014, after he had Coded at 20:50, which fluids consisted of sixty (60) mL of Normal Saline.

88. A venous blood gas was drawn on A.N. at or about 21:26 on April 14, 2014.

89. The results of the venous blood gas at 21:29 on April 14, 2014, revealed a pH of 6.622, pCO2 of 114.5, pO2 of 31, Base Deficit of 25, and oxygen saturation of 16.3.

90. Additional blood tests timed at 21:29 on April 14, 2014 revealed A.N.'s Lactate was elevated at 9.12, blood glucose was 174, Ionized Calcium was 0.97, and his hemoglobin and hematocrit values were low.

91. Despite attempts to resuscitate A.N., he was pronounced dead at 21:47 on April 14, 2014.

92. After A.N.'s death, Dr. Priya Gopwani reviewed records from A.N.'s prior two CNMC ER visits on April 12 and 13, 2014, and he wrote a lengthy Note describing some of the events which had transpired during A.N.'s three (3) recent CNMC ER visits.

93. Dr. Gopwani signed the ED Provider notes at 00:23 on the morning of April 15, 2014.

94. The "ED Note – Provider" notes of April 14, 2014 were listed as having been "Modified".

95. Dr. Gopwani's aforementioned Notes stated, in part, that A.N. was being seen in the CNMC ER for a third time in the last few days; that after A.N. was seen by his primary care physician (Dr. Thomas) on April 14, 2014, the family was called because A.N. appeared 'dehydrated on labs and that his blood sugar was low'; and that his parents had been advised to take A.N. to the CMNC ER. Dr. Gopwani's Note also claimed: **"We were not notified of the pt's (patient's) coming by PMD"** (primary care medical doctor) [emphasis added.] Dr. Gopwani's Note did not mention A.N.'s seriously elevated Bands of 71%, his creatinine level of 2.0, his Bicarb level of 14, or his glucose of 46, all of which had been called and faxed to the CNMC ER by Dr. Rennie Thomas *prior* to A.N.'s arrival the evening of April 14, 2014.

COUNT I

(All Defendants - Medical Negligence – Injury to Plaintiff's decedent, A.N./Survival Action Claim pursuant to D.C. Code § 12-101)

Plaintiff repeats, reiterates, and alleges each and every allegation of this Complaint contained in each of the foregoing paragraphs inclusive, with the same force and effect as if more fully set forth herein.

96. Defendant Children's National Medical Center acting individually and through its employees and agents, apparent, real and ostensible, had a duty to provide care and treatment to A.N. consistent with the standard of care.

97. Defendant Children's National Medical Center, acting individually and through its employees and agents breached their duty of care owed to A.N., including but not limited to the following particulars: **During the CNMC ER visit, on the morning of April 12, 2014 and on the evening of April 12, 2014 through the early morning of April 13, 2014:**

a. Negligently failing to appropriately examine and evaluate A.N.'s condition;

b. Negligently assuming that A.N.'s condition was merely an uncomplicated upper respiratory viral infection;

c. Negligently failing to admit A.N. to the CNMC hospital for monitoring, proper examinations and evaluations; appropriate laboratory tests and imaging studies; appropriate Consultations; appropriate diagnoses, and timely and appropriate treatment of his conditions;

d. Negligently failing to order Laboratory tests, including but not limited to: a CBC with Differential, Blood Cultures, BMP (Biomedical Profile), including Electrolytes, BUN and Creatinine; Urinalysis; and serum glucose;

e. Negligently failing to follow-up on the abnormal Chest X-Ray results from the morning of April 12, 2014;

f. Negligently failing to order a repeat Chest X-Ray during his second CNMC ER visit during the evening of April 12, 2014 through the early morning of April 13, 2014;

g. Negligently failing to properly rehydrate A.N.;

h. Negligently discharging A.N. on April 12 and the morning of April 13, 2014;

i. Negligently discharging A.N. on the morning of April 13, 2014 without having taken the appropriate steps to determine and timely and appropriately treat the etiology of his ongoing, worsening dehydration, significant fever, tachycardia, tachypnea, significant congestion, pleural effusions, erythematous, papular rash, petechiae and other signs and symptoms of a significant, worsening infectious process;

j. Negligently failing to appropriately monitor, supervise and evaluate the Resident physician(s) who were evaluating and treating A.N.;

k. Negligently failing to properly monitor and supervise the CNMC ER Registered Nurses;

l. Negligently failing to visually inspect A.N.'s throat and oropharynx;

m. Negligently failing to perform a Rapid Strep Test and Throat Culture on A.N. in the ER;

n. Negligently failing to timely and appropriately treat his ongoing, worsening infection with appropriate intravenous, empiric antibiotics, pending the results of the Lab tests;

o. Negligently failing to timely and appropriately recognize that A.N.'s cardiac condition made him more vulnerable and placed him at increased risk.

p. The Defendants were otherwise negligent.

98. Defendant Children's National Medical Center, acting individually and through its employees and agents, apparent, real and ostensible agents and employees, were further negligent in their attention, care and treatment of A.N., including but not limited to the following particulars: **On the evening of April 14, 2014:**

(a) Negligently failing to timely and appropriately examine, evaluate and treat A.N.'s serious, life-threatening conditions upon his arrival at the CNMC ER;

(b) Negligently continuing to assume that A.N.'s condition was still an uncomplicated upper respiratory infection, rather than a serious and worsening infectious process which was now causing multi-organ system dysfunction;

(c) Negligently failing to appropriately and timely review and respond to the information conveyed to them, both orally and via facsimile by Dr. Thomas, regarding A.N.'s low serum glucose level, his acidosis, his dehydration with elevated serum BUN, Creatinine and Sodium; his seriously abnormal White blood cell Differential and Morphology results; and his positive Rapid Strep test; by immediately obtaining venous access via intraosseous lines and administering appropriate,

STAT intravenous fluids, intraosseous Dextrose, intraosseous antibiotics, and other medications to treat his dehydration, electrolyte disturbances, hypoglycemia, acidosis, infection, and his multi-organ system dysfunction;

(d) Negligently failing to obtain timely blood samples for appropriate STAT Lab tests;

(e) Negligently failing to appropriately monitor, supervise, communicate with, and evaluate the Resident who was evaluating and treating A.N.;

(f) Negligently failing to properly monitor, supervise and communicate with the CNMC ER Registered Nurses;

(g) Negligently failing to properly monitor, supervise and communicate with the CNMC ER Emergency Communications Specialist;

(h) Negligently failing to inspect A.N.'s throat and oropharynx;

(i) The Defendants were otherwise negligent.

99. Defendants Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Mid-Atlantic Permanente Medical Group, P.C., Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Medical Group ("Kaiser Defendants"), acting individually and through their employees and real, apparent, and/or ostensible agents owed a duty to A.N. to provide care consistent with the standard of care.

100. Defendants Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Mid-Atlantic Permanente Medical Group, P.C., Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Medical Group, acting individually and through their real and ostensible agents and

employees, breached that duty and were negligent in their attention, care and treatment of A.N., including but not limited to the following particulars:

(a) Negligently failing to immediately/timely notify its employee and agent Rennie Thomas, M.D. of the Critical Lab values and other seriously abnormal Lab results on the afternoon of April 14, 2014;

(b) Negligently failing to timely act upon the abnormal lab results;

(c) Negligently providing care to A.N.; and

(d) Defendants were otherwise negligent.

101. As a direct and proximate result of the aforesaid negligence of all Defendants, the Plaintiff's decedent, A.N. suffered worsening, untreated infection, worsening dehydration, worsening electrolyte imbalances; worsening hypoglycemia; worsening acidosis, and eventually multi-system organ dysfunction, none of which was appropriately and timely treated, and the Plaintiff's decedent died.

102. As a direct and proximate result of all Defendants' negligence as aforesaid, the Plaintiff's decedent, A.N., experienced significant conscious physical pain and suffering for several days, including during a portion of the time during which he was unsuccessfully being resuscitated, until he finally died at 21:47 on April 14, 2014.

103. As a direct and proximate result of all Defendants' negligence as aforesaid, the Plaintiff's decedent, A.N., incurred funeral expenses and financial losses including the cost of reasonable and necessary medical and hospital expenses, and is entitled to receive reasonable compensation for bodily injuries, mental anguish, disabilities, disfigurement and/or deformities,

and inconvenience and discomfort experienced by A.N. between the time of the injury and the time of his death.

WHEREFORE, Plaintiffs, Jacinta Onyenagada and Franks Nnani demand judgment, jointly and severally against the Defendants as compensatory damages in the full sum of Ten Million Dollars ($10,000,000.00), plus costs and interest.

COUNT II
(Wrongful Death)

Plaintiff repeats, reiterates, and alleges each and every allegation of this Complaint contained in each of the foregoing paragraphs inclusive, with the same force and effect as if more fully set forth herein.

104. As a direct and proximate result of the aforesaid negligence of Defendant Children National Medical Center and the "Kaiser Defendants", the Plaintiff's decedent, A.N. suffered worsening, untreated infection, worsening dehydration, worsening electrolyte imbalances; worsening hypoglycemia; worsening acidosis, and eventually multi-system organ dysfunction, none of which was appropriately and timely treated.

105. As a direct and proximate result of the Defendant Children National Medical Center's and the "Kaiser Defendants' " negligence as aforesaid, the Plaintiff's decedent, A.N., died.

106. As a direct and proximate result of the Defendant Children National Medical Center's and the "Kaiser Defendants' " negligence as aforesaid, the Plaintiff's decedent, A.N., experienced significant physical pain and suffering for several days, including during a portion of the time during which he was unsuccessfully being resuscitated, until he finally died at 21:47 on April 14, 2014.

107. But for the negligence of the Defendant Children National Medical Center's and the "Kaiser Defendants' ", A.N. would not have suffered a cardio-respiratory arrest and he would not have died.

108. As a direct and proximate result of the negligence of the Defendant Children National Medical Center's and the "Kaiser Defendants' ", the beneficiaries of Plaintiffs' decedent have been injured and damaged, including, but not limited to the following particulars:

(a) Expenses of last illness, funeral, and burial and any other expenses of the decedent A.N.;

(b) Expenses of medical and hospital care;

(c) The value of lost support, services, advice, care attention, counsel, guidance, comfort and society as a result of A.N.'s untimely death; and have been otherwise injured and damaged.

WHEREFORE, Plaintiff, Jacinta Onyenagada and Franks Nnani demands judgment against the Defendants, in the full sum of Ten Million Dollars ($10,000,000.00), plus costs and interest.

Respectfully submitted,

March 23, 2016
Date

/s/ Karen E. Evans

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