DMC/DC/F.14/Comp.2686/2/2021/ 30th September, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from SHO, Police Station, NF Colony, Delhi, seeking medical opinion on a complaint of Shri Priya Ranjan Kumar, r/o- House No E-7 Roop Nagar, Tanki Road Badarpur, Delhi, alleging medical negligence on the part of doctors of Holy Family Hospital, Okhla Road, New Delhi-110025, in the treatment administered to the complainant son Master Rahul Kumar, resulting in his death on 06.10.2018.

The Order of the Disciplinary Committee dated 20th September, 2021 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from SHO, Police Station, NF Colony, Delhi, seeking medical opinion on a complaint of Shri Priya Ranjan Kumar, r/o- House No E-7 Roop Nagar, Tanki Road Badarpur, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Holy Family Hospital, Okhla Road, New Delhi-110025 (referred hereinafter as the said Hospital), in the treatment administered to the complainant son Master Rahul Kumar (referred hereinafter as the patient), resulting in his death on 06.10.2018.

The Disciplinary Committee perused the representation of police, copy of complaint of Shri Priya Ranjan Kumar, Post Mortem Report No. 1446-18 dated 6.10.2018, written statement of Dr. Sumbul Warsi Medical Superintendent enclosing therewith written statement of Dr. Rajiv Gupta, medical records of Holy Family Hospital and other documents on record.

The following were heard in person :-

1) Shri Priya Ranjan Kumar Complainant

2) Dr. Rajiv Gupta HOD Medicine, Holy Family Hospital

3) Dr. P. N. Singh ICU Consultant, Holy Family Hospital

4) Shri Vijay Kumar Dy. MRO, Holy Family Hospital

The Disciplinary Committee noted that Dr. Sumit Ray, Medical Superintendent, Holy Family Hospital did not appear before the Disciplinary Committee, inspite of notice but submitted a representation wherein he stated that he shall not able to attend hearing, as he has received a message from his native village that his father was admitted in serious condition in the Department of Critical Care Medicine, Institute of Medical Sciences and Sum Hospital in Bhubaneswar.

It is noted that as per police representation it is averred that on 06th October, 2018, a PCR call vide DD No.18A was received at PS N F colony, alleging therein that his (Shri Priya Ranjan Kumar) son was admitted on 03.10.2018 in Holy Family Hospital Delhi but he expired due to improper treatment done by the doctors. On this information, SI Darpan Singh along with staff rushed to ICU of Holy Family Hospital where body of deceased Rahul Kumar s/o Shri. Priya Ranjan Kumar r/o- E-7, Roop Nagar Tanki Road Badarpur, Delhi age 13 years was found. Death summary of the deceased was collected. Mr. Priya Ranjan Kumar (father of the deceased) gave a complaint briefly alleging therein that on 03.10.2018, he admitted his son in Holy Family Hospital as he was suffering from dengue but doctor did not give proper treatment and due to medicine reaction he expired. Thereafter body of the deceased was preserved in the Mortuary of AIIMS Hospital, New Delhi. On the request, a medical board to conduct Autopsy was constituted. On 08.10.2018, post mortem of the deceased was conducted by the Autopsy medical board. Post mortem report No. 1446-18 of deceased has been collected, Autopsy medical board opined cause of death “Shock as a result of dengue hemorrhagic fever and its complications”. However, father of the deceased has filed a complaint mentioning medical negligence during treatment. Therefore, it is requested that please provide the opinion following as to: Whether there was any medical negligence during treatment in Holy Family Hospital Delhi, of master Rahul Kumar s/o Shri Priya Ranjan Kumar r/o- House No. E-7, Roop Nagar Tanki Road Badarpur, Delhi on the part of doctors, has been proved or otherwise.

The complainant Shri Priya Ranjan Kumar alleged that the complainant’s son was admitted in Holy Family Hospital on 03.10.2018. The doctors after conducting some tests, diagnosed him to be suffering from dengue. The patient was administered medicine through I.V. drip, which led to swelling of his abdomen and face and restlessness, but the doctors said there was nothing to worry and he will be alright. On 04.10.2018 in the night he was admitted in the main ICU and on 05.10.2018 put on ventilator. The doctors informed that his kidneys had failed and water has accumulated in his lungs. They kept on administering him expensive injections. They then planed for dialysis but the same was done on 06.10.2018. The complainant was not allowed to see his son and when finally he managed to see him; his body had turned blue and was declared dead. It is alleged that his son died due to negligence in his treatment for which strict action be taken.

Dr. Rajiv Gupta, M.D., Head of Department Medicine, Holy Family Hospital in his written statement averred that Master Rahul Kumar was brought to casualty of Holy Family Hospital at 09.43 pm on 03.10.2018 during peak dengue season. His BP and temperature were taken immediately. On that night, a 4th year B.Sc (Hons.) nursing student was also posted in casualty. She first checked the blood pressure and recorded it 100/60mmHg. As per policy of their hospital, BP taken by the Nursing student was checked by a qualified nursing staff of casualty and she noted it 70/50 mmHg. The staff nurse who had taken the blood pressure should have either written separately or cut the BP recorded by the student nurse and put her initial, but she did not. It is her mistake. Thereafter, CMO examined the patient. Since the BP was too low, 2 units of fluid was ordered to be given fast by him and reference was also given to the SR medicine. When the SR medicine checked BP, it had risen to 90/60 mmHg because of 2 units of fast fluid had already been given to the patient by that time. The blood pressure was noted 90/60 mmHg at the time of shifting the patient to high dependency unit at 1 am on 04.10.2018. At that time his general condition was stable and he was maintaining adequate peripheral saturation. Therefore, no ABG was required to be done, as he stabilized with fluid resuscitation. At that time, the patient’s pulse was 90/min and SPo2-100% as per nurses notes. Later on 05.10.2018 at 05.15 am his ABG was done which showed metabolic acidosis. SGOT was initially suspected to be raised due to dengue itself. The point regarding hypoxic damage to the liver was noted. The oxygenation status was as follows:

|  |  |  |
| --- | --- | --- |
| Date | Time | SpO2 |
| 03.10.2018 | 09.43 p.m. | 99% on room air |
| 04.10.2018 | 4.10 a.m.  7.00 a.m.  8.00 a.m.  10.30 a.m.  03.00 p.m. | 100%  97%  94%  99%  98% |
| 05.10.2018 | 7.00 a.m.  7.10 a.m.  8.00 a.m.  8.15 a.m.  8.45 a.m.  2.00 p.m.  2.15 p.m.  7.35 p.m.  8.30 p.m.  9.35 p.m. | 99%  98% with O2  84% with O2 (advised ABG)  84% with O2  Intubation done with ET tube  No.7  FiO2-100%  90%  97%  98%  90%  90% |

|  |  |  |
| --- | --- | --- |
| 06.10.2018 | 12.15 a.m.  1.20 a.m.  1.45 a.m.  2.28 a.m.  2.30 a.m.  3.10 a.m.  4.00 a.m.  4.20 a.m.  4.40 a.m.  7.00 a.m.  8.00 a.m.  8.30 a.m. | 88%  80%  80%  88%  80%  80%  80%  80%  80%  78%  64%  65% |
|  | 11.45 a.m. | 82% |
|  | 12.00 noon | NR (non-recordable) CPR started |
|  | 12.06 p.m. | Ambu bag ventilation with O2  CPR continued till 1.17 pm |

The patient was intubated on 05.10.2018 at 8.45 am with CT tube no.07. The patient had dengue shock syndrome with Polyserositis. After initial fluid resuscitation in emergency and subsequently in the HDU, the patient remained oliguric. At that point a central line was not in place and IVC visualization to assess fluid status was inadequate due to tense abdomen, so IV Lasix was given as diuretic challenge as part of treatment for oliguria despite adequate fluid replacement. This is part of standard protocol for shock with oliguria and spironolactone was used for similar reasons and to avoid potassium deficit. Inj. Dexamethasone was given as it can be used in a situation of shock with a possibility of hypoadrenalism.

Dr. P. N. Singh, ICU Consultant, Holy Family Hospital reiterated the stand taken by Dr. Rajiv Gupta.

In light of the above, the Disciplinary Committee makes the following observations:-

1. Master Rahul Kumar, 13 years old male not known case of any chronic illness was brought to Holy Family Hospital on 03.10.2018 at 21.43 p.m. with complaints of fever with chills for 4 days, multiple episode of vomiting for 1 day. The patient was on treatment from a private practitioner since 30th September, 2018 where he was diagnosed to have dengue fever (Dengue NS1 Antigen positive) and was referred to Holy Family Hospital on 03rd October, 2018 in view of thrombocytopenia (Platelets count-55000 cumm). The patient’s blood pressure was 90/60mmHg on presentation, no petechiae/no sign of external bleeding, per abdomen–tenderness in right hypochondrium and epigastric region. The patient was given IV fluids and was admitted in HDU(415). Initial blood investigation revealed thrombocytopenia (Platelet count -70,000 cumm), raised aminotransferases, hypoproteinemia, raised CPK, Dengue NS1 antigen and Dengue serology IgM was positive. The patient was managed in lines of dengue fever with polyserositis with IV fluids, antacids, antiemetics, multivitamins and other symptomatic care. Repeat platelet count on 04.10.2018 (5.20 p.m.) showed platelet count dropped to 30,000 but there was no petechiae or obvious bleeding. 2 units of platelets concenterate were transfused. At 6.20 pm, the patient had multiple episodes of vomiting with blood in last vomitus, and blood pressure dropped to 80/60 mmHg. The patient was shifted to ICU and IV fluids and 2 units of platelets concenterate were transfused. Foley catherization was done in view of oliguria. Inspite of fluid resuscitation, the patient remained in shock; inotropic support was started at 3.00 a.m., 05.10.2018. ABG done showed metabolic acidosis. The patient’s condition kept on deteriorating, with increasing support of inotropes. Poor prognosis of the patient was explained to the patient’s relative alongwith need of mechanical ventilation. The patient was intubated and put on mechanical ventilator after informed and written consent. The patient’s blood pressure became un-recordable at 4.30 a.m., IV fluid bolus (colloids) was given and inotropic support was increased inj. Albudac 20% was started. Central line inserted in right femoral vein. The patient had diffuse erythematous rashes all over body, per abdomen-tense, bowel sound absent. Repeat platelet count- 35000 cumm. Hb -6.0 gm. The patient was given 4 units of FFP, 2 units PRBC, 1 unit of SDP, 4 units of platelet conc. USG abdomen- hepatomegaly, GB wall edema, large ascites, b/l pleural effusion. ABG done showed severe metabolic acidosis–PH-6.939, bicarbonte-6.4 mmol/L, Co2-44.7 mmHg. 4 units of FFP more transfused. Correction of metabolic acidosis was given but the patient continued to have persistent acidosis. The patient’s urine output 5 ml per hour for last five hours. Nephrology consultation was sought and SLED was advised. Tripple lumen dialysis canula was inserted over guide wire (inserted through central line). SLED was done for 10 hours (completed on 06.10.2018). The patient’s urine output was 150 ml over 24 hours (5.10.2018). The patient had sudden cardiac arrest at 12.06 p.m. 06.10.2018, CPR was started as per ACLS protocol, but inspite of all resuscitative measures, the patient could not be revived and was declared dead at 06.10.2018, 1.17 p.m. The cause of death as per post mortem report no.1446-18 of All India Institute of Medical Sciences was ‘shock as a result of dengue hemorrhage fever and its complications’.
2. It is observed that the patient was diagnosed with a serious medical condition of Dengue Shock Syndrome, which has high mortality, inspite of being treated as per standard protocol.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of doctors of Holy Family Hospital, Okhla Road, New Delhi-110025, in the treatment administered to the complainant son Master Rahul Kumar.

Matter stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav)

Chairman, Eminent Publicman,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. G.S. Grewal) (Shri Bharat Gupta)

Delhi Medical Association, Legal Expert,

Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/: Sd/:

(Dr. Suresh Kumar) (Dr. Anurag Aggarwal)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 20th September, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Priya Ranjan Kumar, r/o- House No E-7 Roop Nagar, Tanki Road Badarpur, Delhi.
2. Dr. Rajiv Gupta, Through Medical Superintendent, Holy Family Hospital, Okhla Road, New Delhi-110025.
3. Medical Superintendent, Holy Family Hospital, Okhla Road, New Delhi-110025.
4. Station House Officer, Police Station New Friends Colony, Delhi-w.r.t. DD No.18A, dated 06/10/2018 U/s 174 Cr.P.C., PS New Friends Colony, South Dist., New Delhi-for information.

(Dr. Girish Tyagi)

Secretary