DMC/DC/F.14/Comp.2817/2/2024/ 16th February, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Chaman Singh s/o Shri Amichand r/o A-386, Part-6, Main Circular Road, Near CRPF Camp, Sonia Vihar Delhi-110094, alleging medical negligence on the part of the doctors of Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031, in the treatment of the complainant’s baby Kavya, resulting in her death on 25.11.2018.

The Order of the Disciplinary Committee dated 28th November, 2023 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Chaman Singh s/o Shri Amichand r/o A-386, Part-6, Main Circular Road, Near CRPF Camp, Sonia Vihar Delhi-110094 (referred hereinafter as the complainant), alleging medical negligence on the part of the doctors of Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031 (referred hereinafter as the said Hospital), in the treatment of the complainant’s baby Kavya (referred hereinafter as the patient), resulting in her death on 25.11.2018.

The Disciplinary Committee perused the complaint, written statement of Dr. D. Saikia, Head of Office of Chacha Nehru Bal Chikitsalaya, enclosing therewith written statement of Dr. Bimbadhar Rath, Dr. Mehak Garg, Dr. Komal D. Zanak, Dr. Manish Kumar Singh, Dr. Sidharth Mehta, Dr. Prashant Kumar, copy of medical records Chacha Nehru Bal Chikitsalaya and other documents on record.

The following were heard :-

1) Dr. Bimbadhar Rath Professor Paediatrics Chacha Nehru Bal Chikitsalaya

2) Dr. Mehak Garg Resident, Chacha Nehru Bal Chikitsalaya

3) Dr. Komal D. Zanak DNB PG Resident Chacha Nehru Bal Chikitsalaya

4) Dr. Manish Kumar Singh DNB Resident, Chacha Nehru BalChikitsalaya

5) Dr. Sidharth Mehta Senior Resident, Chacha Nehru Bal Chikitsalaya

6) Dr. Prashant Kumar Senior Resident, Chacha Nehru Bal Chikitsalaya

7) Dr. Manish Kumar Medical Superintendent/Professor PaediatricsChacha Nehru Bal Chikitsalaya

The Disciplinary Committee noted that the complainant Shri Chaman Singh failed to appear before the Disciplinary Committee, inspite of notice.

The Disciplinary Committee further noted that Dr. Bimbadhar Rath, Dr. Mehak Garg, Dr. Komal D. Zanak and Dr. Manish Kumar Singh participated in the proceedings of the Disciplinary Committee through video conferencing.

In the interest of justice, the Disciplinary Committee decided to proceed with the matter in order to determine it on merits.

The Disciplinary Committee noted that the complainant Shri Chaman Singh in his complaint has alleged that his daughter (the patient) baby Kavya aged 04 months, was suffering from fever, vomiting and diarrhea. He got her admitted in Chacha Nehru Bal Chikitsalaya on 19th November, 2018. The child was put on the treatment and on 24th November, 2018(Saturday), she was planned to be discharged. However, on 24th November, 2018, she developed fever, thus, discharge was deferred. On next day i.e., Sunday, her condition deteriorated. No senior doctor was available. The junior doctors only administered paracetamol. When her condition became very sick, the nurse called a doctor who got an x-ray done which revealed pneumonia. Her heart beat had also increased. The doctor advised ICU treatment but it was informed that no bed was available. Around 01.00 p.m., the doctor said that if he (the complainant) wanted, he can take the child to other hospital. On being asked to refer the child, the doctor said he cannot refer the child but he can take on his own. It was told to the doctor that no hospital will admit the child without referral but the doctor insisted he could not do the same. Around 09.00p.m. on 25th November, 2018 (Sunday), the bed became available in the ICU and the child in very critical condition, was shifted to the ICU and put on the treatment, unfortunately, at 12.30 a.m. in night, she died. It is requested that justice be done on his complaint.

Dr. Manish Kumar Singh, DNB Resident, Chacha Nehru Bal Chikitsalaya in his written statement averred that he saw the patient Baby Kavya in ward on 23rd November, 2018 in morning at 09.00 a.m. The patient was haemodynamically stable without respiratory distress but had mild fever. As the patient was on second day of antibiotic (I.V. Ceftriaxone), hence, he made no change in the treatment plan and he continued the same treatment with other supportive measures.

Dr. Komal D. Zanak, DNB PG Resident Chacha Nehru Bal Chikitsalaya in her written statement averred that she saw the patient baby Kavya, who was admitted on 19th November, 2018 with CR No.16176 with acute gastroenteritis with hypernatremia on 22nd November, 2018 and 24th November, 2018. On 22nd November, 2018, the patient was haemodynamically stable, loose stool frequency was reduced, but the patient had one fever episode. At that time, she was treating that patient for hypernatremia and Na+ level was gradually decreasing with improvement in kidney function tests. In view of fever, she sent blood culture, CRP and CBC and started the patient on antibiotics. On 24th November, 2018, she saw the patient on rounds. The patient was haemodynamically stable and was febrile. So, she continued the antibiotics and plan was to collect blood culture report and monitor the vitals.

Dr. Mehak Garg, Resident, Chacha Nehru Bal Chikitsalayain her written statement averred that she saw the patient baby Kavya on 20th November, 2018 and 21st November, 2018. The patient was admitted with acute gastroenteritis with hypernatremic dehydration with CR No.16176 on 19th November, 2018. The patient was found to have hypernatremia, so intravenous fluids were continued to manage dyslectrolytemia and AKI. On 21st November, 2018, loose motions were decreased, appetite had improved, but intravenous fluids were continued in view of hypernatremia. The patient was afebrile, haemodynamically stable on 21st November, 2018. She saw the child last on 21st November, 2018.

Dr. Bimbadhar Rath, Professor Paediatrics, Chacha Nehru Bal Chikitsalaya in his written statement averred that the patient baby Kavya, was admitted for fever, loose motion and vomiting with abnormal movements. The investigations revealed hypernatremicdehydration with acute kidney injury. The child was admitted and given appropriate treatment, on which, S. sodium gradually normalized and renal function also improved. On third day of admission, the patient had fever which was attributed to thrombophlebitis. The blood samples were sent, to rule out any infection and antibiotics were started. The patient’s condition remained stable, till he last saw the patient on 24th November, 2018.

Dr. Sidharth Mehta,Senior Resident, Chacha Nehru Bal Chikitsalayain his written statement averred that he saw the patient baby Kavya on 25th November, 2018. The patient was sick, he advised the treatment and relevant investigation was sent as per the protocol, but the patient continued to deteriorate. The patient’s chest condition worsened butshe was maintaining saturation and having distress, he sent PICU call but no bed was available. Poor prognosis of the patient was explained to the attendant. No-one from the patient’s family had asked him for any referral to other hospital. Later on, the child was shifted to PICU by the evening.

Dr. Prashant Kumar, Senior Resident, Chacha Nehru Bal Chikitsalayain his written statement averred that he received a call from the ward for the patient baby Kavya on 25th November, 2018, who was in severe respiratory distress with severe bronchospasm, so advised nebulization with Asthaline, Ipratropium Bromide and Adrenaline and asked the doctor on duty to shift the patient in PICU as soon as bed became available, within six hours, a bed was created and the patient was shifted to PICU. At the time of admission in PICU, the patient was in gasping condition, temperature was 104 degree F, heart rate was 260, shock. The relevant investigations were sent and conservative management was started with IVF, inotropes (as per shock protocol), Adenosine (in view of PSVT), injection PCM, antibiotic upgradation with mechanical ventilation. But after four hours of PICU admission, the patient had ET bleed and went in cardiac arrest, CPR was started as per the protocol but the patient could not be revived despite best resuscitative efforts.

Dr. D. Saikia Head of Office of Chacha Nehru Bal Chikitsalaya in his written statement averred that the patient baby Kavya was admitted on 19th November, 2018 for acute gastroenteritis with dehydration with acute kidney injury with hypernatremia. There was no evidence of sepsis at admission (normal leukocyte count and C-reactive protein, 0.7 mg/dl). The patient was managed with I/V fluid and other supportive treatment as per the protocol. The child showed clinical improvement with the treatment. But on third days of the admission i.e. 22nd November, 2018, the patient started having fever which was attributed to thrombophlebitis. The antibiotics were started after taking relevant blood samples. On 24th November, 2018, the patient was haemodynamically stable but febrile and all supportive treatments were continued. On 25th November, 2018, the patient started having breathing difficulty. Immediately, oxygen was started alongwith other supportive measures and chest x-ray was done, alongwith other relevant investigations. X-ray showed evidence of pneumonia. As the patient’s clinical condition deteriorated, a PICU(Paediatric Intensive Care Unit) call was sent on 25th November, 2018 for transferring the patient, as soon as the bed was available, the patient was shifted to the PICU (Paediatric Intensive Care Unit) on the same day (25.11.2018) at 07.40 p.m. The patient was critically sick and had severe infectionand the patient was given all the appropriate treatments in the paediatric ward itself and the patient was not deprived of any possible treatment to save her life. The patient was shifted to PICU, as soon as the bed became available. On 26th November, 2018, the blood culture report was received which showed growth of Methicillin Resistant Staphylococcal Aureus(MRSA). MRSA sepsis is known to cause a very high risk of mortality despite best of the treatment. After reviewing the case file and comments from the doctors, it is apparent that the patient was suffering from MRSA infection which was not evident in the beginning. Subsequently, when the child showed some signs of sepsis, antibiotic was started without any delay. The patient did not show any improvement with antibiotic because of the inherent nature of the organism which was resistant to most of the antibiotics. The main contention of the complainant was death of the patient baby Kavvya was due to non-availability of the ICU. As Chacha Nehru Bal Chikitsalaya is a tertiary care hospital, large number of the patients are being referred to this hospital from near and far away hospitals. The hospital admits all patients and the patient are shifted to PICU as and when bed is available. Thus, the same patient was accommodated in PICU as soon as bed was available on priority basis.

Dr. Manish Kumar, Medical Superintendent/Professor Paediatrics, Chacha Nehru Bal Chikitsalayastated that the main contention of the complainant was death of the patient baby Kavvya was due to non-availability of the ICU. As Chacha Nehru Bal Chikitsalaya is a tertiary care hospital, large number of the patients are being referred to this hospital from near and far away hospitals. The hospital admits all patients and the patient are shifted to PICU as and when bed is available. Thus, the same patient was accommodated in PICU as soon as bed was available on priority basis.

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

1. It is observed that the patient Kavya, four months old baby came in the said Hospital with complaints of fever sinceten days, mild grade, relieved on taking medication, not associated withrigors, cough, cold, burning micturition, rash, ear discharge. After one day of fever, the patient developed loose stools, multiple episodes, green coloured but not associated withblood, foul smelling with mucous. After two days of loose stools, the patient had vomiting two to three episodes only,containing food particles only, got relieved after taking medication. The patient was having abnormal movement on 19thNovember, 2018 in the form of up-rolling of eye balls with increased tone of alllimbs General Tonic-Clonic Seizure (GTCS). For these complaints, the patient was admitted in ward as AGE with severe dehydration, hypernatremia, managed conservatively but from 25th November, 2018 afternoon, the patient startedhaving severe respiratory distress with gasping respiration, so shifted to the PICUand intubated. The mechanical ventilation was started but the patient had tachycardia (250 bpm), conservative management was done. HR down to 60 beats per minute**,** but after four hours, the patient went in cardiac arrest and despite best resuscitative efforts, the patient could not be revived; hence, declared dead at 12:30 a.m. on 26thNovember, 2018.
2. It is observed that even though, at 11:15 a.m. on 25th November, 2018, the Senior Resident had noted on the examination of the patient that the patient was under respiratory distress and required ICU treatment, the patient could not be shifted to the ICU till 07:40 p.m. due to non-availability of the bed. As per the records at 07:45 p.m. on 25th November, 2018, the patient was received in gasping condition and was intubated, started on inotropes; however, at 08:10 p.m., his pulse and blood pressure were not recordable and, therefore, the resuscitative measure were initiated. The patient continued to deteriorate and was declared dead at 12:30 a.m. on 26th November, 2018.
3. The referral Policy has been provided by the Head of office, Dr. Manish Kumar at 25th October, 2023. It is mentioned that if ICU beds are full, then, a summary of the case is given to the patient’s attendants, to look for a bed in any other government hospital. This policy has not been followed in this patient, as no summary was handed over to the patient’s relative. Resulting in ordinate delay in shifting to the ICU resulting in delay of optimum treatment. The consultant round roster is also not being followed religiously. On 25.11.2018 (Sunday) Dr. Arpita Chattopadhyay was to take the round; however, no notes of the faculty are noted on that day.
4. The treatment to this patient was given correctly in the ward; however, ICU treatment was delayed. stringent policy of referral and duty roster of the consultants need to be followed strictly in a tertiary care hospital like Chacha Nehru Bal Chikitsalaya.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can attributed on the part of the doctors of Chacha Nehru Bal Chikitsalaya; however, the authorities of Chacha Nehru Bal Chikitsalaya are directed that a strict referral policy of sick patients should be enforced and weekend consultant roster be strictly followed up.

Complaint stands disposed.

Sd/: Sd/:

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

Chairman, Eminent Publicman,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. Satish Tyagi) (Dr. Sunil Gomber)

Delhi Medical Association, Expert Member,

Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 28th November, 2023 was confirmed by the Delhi Medical Council in its meeting held on 08th December, 2023.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Chaman Singh s/o Shri Amichand r/o A-386, Part-6, Main Circular Road, Near CRPF Camp, Sonia Vihar Delhi-110094.
2. Dr. Bimbadhar Rath, B-89, Sector-26, Noida, Uttar Pradesh-201301.
3. Dr. Mehak Garg, Flat 102, 1-88/1, Sada Shiv Nivas, Prabath Nagar, Chaitanyapuri, Hyderabad, Telengana-500035.
4. Dr. Komal D. Zanak, D/o Shri Dattayrya Zanak, Adarsh Colony, Hingoli, Disrtrict Hingoli, Maharastha.
5. Dr. Manish Kumar Singh, Through Medical Superintendent, Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031.
6. Dr. Sidharth Mehta, Opp. Kalash Apartment Pitti Colony, Balotra District, Barmer, Rajasthan-344022.
7. Dr. Prashant Kumar, House No.1337, Opposite DPS, Sector-45, Gurgaon-122003.
8. Medical Superintendent, Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031.

(Dr. Girish Tyagi)

Secretary