CASE INFORMATION SHEET
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COUNTY AND COURT:

Circuit Court, 17th Judicial Circuit, Brevard County, Florida

NAME OF CASE:

MICHAEL RALPH and PAULA RALPH, individually and as husband and wife,

Plaintiffs,

v.

CAPE CANAVERAL HOSPITAL, INC. and MARCIA S. MINNICH-BARNES, pharmacist,

Defendants

CASE DOCKET NO.: 05-2011-CA-47219 **JUDGE:** Hon. George B. Turner

PLAINTIFF(S) ATTORNEY(S)/TRIAL COUNSEL:

Matthew K. Schwencke, Esquire
Andrea S. Robinson, Esquire
Searcy, Denney, Scarola, Barnhart & Shipley, P.A.
West Palm Beach, FL

DEFENDANT(S) ATTORNEY(S)/TRIAL COUNSEL:

Karissa L. Owens, Esquire
Howard L. Citron, Esquire
Rissman, Barrett, Hurt,
Donahue & McLain, P.A.
Fort Lauderdale, FL

AGE/SEX/OCCUPATION OF PLAINTIFF OR DECEDENT:

Mr. Ralph was a 68 year-old former general contractor. He was unemployed at the time of trial.

DATE, TIME AND PLACE OF ACCIDENT OR OCCURRENCE:

Mr. Ralph was admitted to Cape Canaveral Hospital from February 22, 2010 to March 1, 2010 for treatment of a Coumadin overdose. The alleged negligence occurred on February 26, 2010 when Ms. Barnes, the defendant pharmacist, consulted to adjust and monitor Mr. Ralph's anticoagulants. On that date, Ms. Barnes ordered that 2 mg of Coumadin be given to Mr. Ralph while he was admitted to the hospital.

CAUSE OF INJURY:

Plaintiffs alleged that as a result of the 2 mg of Coumadin administered 4 days into the hospitalization, Mr. Ralph experienced an aggravation of his pre-existing Coumadin toxicity. Plaintiffs took the position that the aggravation injury resulted in the worsening of an epidural hematoma that had been detected one day before the 2 mg of Coumadin was given which extended from C4 to T10 in Mr. Ralph's spine.

Plaintiffs also suggested that surgery could have been performed to evacuate the hematoma had the 2 mg of Coumadin not been given. They argued that the surgical resolution of the hematoma may have prevented the aggravation injury caused by the prolonged existence and compression of the epidural hematoma resulting from the additional Coumadin.

The defense countered Plaintiffs' arguments by pointing out that there was no objective evidence of any worsening of the epidural hematoma and that, in fact, the hematoma had re-absorbed into the body within weeks of Mr. Ralph's discharge from the hospital. Further, there was no evidence of any spike in Mr. Ralph's INR levels in the days following his receipt of the 2 mg of Coumadin given at the hospital, which indicated that the Coumadin had no negative impact on Mr. Ralph's coagulopathy.

Finally, the defense pointed out that the surgery planned on February 25, 2010 to take place the next day to evacuate the hematoma had been cancelled before Ms. Barnes consulted on February 26, 2010 and wrote the order for the 2 mg of Coumadin to be given. There was no evidence that any medical provider who

saw Mr. Ralph in the hospital felt that surgery was necessary after the Coumadin was given.

NATURE OF INJURY:

Plaintiffs alleged that Mr. Ralph experienced a permanent spinal cord injury caused by additional compression and/or irritation from the epidural hematoma that resulted in chronic back pain and an inability to sleep and perform activities that Mr. Ralph participated in prior to the hospitalization.

PLAINTIFFS' EXPERT WITNESSES:

Paul Doering, R.Ph.
Pharmacist Expert
Gainesville, Florida

Mr. Doering criticized Ms. Barnes for her decision to administer 2 mg of Coumadin on February 26, 2010 in light of the patient's admission with Coumadin toxicity and diagnosis of an epidural hematoma. He opined that the dosage selected was inappropriate and that the Coumadin should not have been given. He testified that the pharmacist should have fully reviewed the hospital chart and withheld the Coumadin due to orders from the previous day requesting an urgent neurosurgical consult to evaluate the epidural hematoma and to make the patient NPO for possible surgery.

Mr. Doering agreed that Mr. Ralph's INR levels had dropped into the therapeutic range on February 25 and that he had a risk of developing a clot due to his history of DVT. However, Mr. Doering's opinion was that the epidural hematoma detected on February 25, 2010 via MRI and resultant neurosurgical consultation ordered on that same date changed the situation and made it inappropriate for Coumadin to be given in a patient who had been admitted with an active bleed.

John Hayward, M.D.
Hematologist/Oncologist
California

Dr. Hayward testified that the 2 mg of Coumadin given on February 26, 2010 caused permanent injury to Mr. Ralph by worsening his pre-existing epidural hematoma and by preventing surgery to evacuate the hematoma from occurring. While he could not quantify the amount of additional injury sustained by Mr. Ralph as a result of the 2 mg of Coumadin given in the hospital,

he believed that Mr. Ralph's outcome would have been better had it not been given. Nevertheless, he conceded that Mr. Ralph would have had a permanent injury from the pre-existing hematoma even had the 2 mg of Coumadin not been given.

DEFENDANTS' EXPERT WITNESSES:

Robert Litman, R.Ph.
Pharmacist Expert
Miami, FL

Mr. Litman testified that Ms. Barnes was reasonable in her decision to give the 2 mg of Coumadin on February 26, 2010 even though spinal MRIs performed the day before had revealed the presence of the epidural hematoma. He based this opinion on the medical records, which revealed that Mr. Ralph's clinical condition had improved and his Coumadin toxicity had reversed before the 2 mg was given around 4:20 pm on February 26, 2010.

He also verified that the patient's INR levels had dropped into the therapeutic range such that it was indicated to give a small dose of Coumadin to treat the patient's risk of clot formation in light of his history of DVT. Mr. Litman testified that the Vitamin K given to Mr. Ralph up through February 25, 2010 would have continued to work in his system and act as an antagonist to the Coumadin for several days.

Arnold Blaustein, M.D.
Hematologist/Oncologist
Miami, FL

Dr. Blaustein opined that the 2 mg of Coumadin given on February 26, 2010 had no effect on Mr. Ralph and that his Coumadin toxicity had been reversed as of that date. Dr. Blaustein testified that once the epidural hematoma resolved (which was within three weeks of Mr. Ralph's discharge per repeat MRIs), he would have expected any pain and discomfort caused by the hematoma to also have resolved.

He believed that Mr. Ralph's alleged ongoing back pain was due to pre-existing degenerative spinal conditions and/or potentially the epidural hematoma that pre-dated the 2 mg of Coumadin being given but was not related to the additional Coumadin given at the hospital.

Christopher Borgert, Ph.D.
Pharmacologist/Toxicologist
Gainesville, FL

Dr. Borgert testified that in light of the high doses of Vitamin K administered to treat and reverse Mr. Ralph's Coumadin toxicity (present at the time of his arrival at the hospital), the 2 mg of Coumadin could not have had any impact on Mr. Ralph's INR level.

CHECK APPROPRIATE SPACE: **X Verdict**

DATE OF VERDICT:

April 14, 2015

VERDICT:

Defense Verdict.

JUDGMENT:

For Cape Canaveral Hospital and Marcia Minnich-Barnes.

DATE OF JUDGMENT:

May 5, 2015

DEFENDANTS' OFFER:

Zero

PLAINTIFFS' DEMAND:

Plaintiffs' counsel asked the jury for an award of $469,952 at trial.

ATTORNEY'S COMMENTS:

The jury deliberated for 1 hour, 10 minutes following receipt of the evidence.

Submitted By: **Karissa L. Owens** **Date: May 29, 2015**

Firm: **Rissman, Barrett, Hurt, Donahue & McLain, P.A.**

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