

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

GERALD SALLIS, JR., a Minor, by his)
Parents and Next Friends, TEQUILA)
SALLIS and GERALD SALLIS, and)
TEQUILA SALLIS, Individually, and)
GERALD SALLIS, Individually,)

Plaintiffs,)

v.)

NATHALIE McCAMMON-CHASE, M.D.,)
McCAMMON-CHASE TOTAL)
WELLNESS CENTER, INC., an)
Illinois Corporation,)
VHS WEST SUBURBAN MEDICAL)
CENTER, INC. d/b/a WEST SUBURBAN)
MEDICAL CENTER, a Corporation, and)
SHELIA WALKER, R.N.)

Defendants.)

-----)
THOMAS GAST, M.D.,)
ZACHARY LaMASTER, D.O., F.P., and)
LINDA ANDRUS, R.N., and)
TINA DEVITO, RN)

Respondents in Discovery.)

16L03989

No.

PLAINTIFFS DEMAND TRIAL
BY 6-PERSON JURY

FILED
2016 APR 20
CLIFFORD LAW OFFICES
PH 3:08

COMPLAINT AT LAW

Plaintiffs, GERALD SALLIS, JR., a Minor, by his Parents and Next Friends, TEQUILA SALLIS and GERALD SALLIS, TEQUILA SALLIS Individually, and GERALD SALLIS, Individually, by their attorneys, CLIFFORD LAW OFFICES, P.C., complaining of Defendants, NATHALIE McCAMMON-CHASE, M.D. (hereinafter "McCAMMON"), McCAMMON-CHASE TOTAL WELLNESS CENTER, INC. (hereinafter "TOTAL WELLNESS CENTER"), an Illinois Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC., d/b/a WEST

SUBURBAN MEDICAL CENTER (hereinafter “WEST SUBURAN MEDICAL CENTER”), a Corporation, and SHELIA WALKER, R.N. (hereinafter “WALKER”), and each of them, state as follows:

COUNT I – MEDICAL NEGLIGENCE

1. On August 9, 2014, and at all times mentioned herein, Defendant, McCAMMON, was a physician duly licensed to practice medicine in the State of Illinois.

2. On August 9, 2014, and at all times mentioned herein, Defendant, TOTAL WELLNESS CENTER, was a duly licensed healthcare corporation providing complete medical care to patients treated therein.

3. On August 9, 2014, and at all times mentioned herein, Defendant, McCAMMON, was a duly-authorized actual agent and/or employee of Defendant, TOTAL WELLNESS CENTER, acting within the scope of her agency and/or employment.

4. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, was a healthcare corporation providing complete medical care to patients admitted therein, including obstetrical care.

5. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, held itself out as a provider of complete obstetrical care.

6. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, never informed Plaintiff, TEQUILA SALLIS, that Defendant, McCAMMON, was not an employee of Defendant, WEST SUBURBAN MEDICAL CENTER.

7. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, never informed Plaintiff, TEQUILA SALLIS, that

Defendant, TOTAL WELLNESS CENTER, was not an agent of Defendant, WEST SUBURBAN MEDICAL CENTER.

8. On August 9, 2014, and at all times mentioned herein, Plaintiff, TEQUILA SALLIS, did not know that that Defendant, McCAMMON, was not an agent of Defendant, WEST SUBURBAN MEDICAL CENTER.

9. On August 9, 2014, and at all times mentioned herein, PLAINTIFF, TEQUILA SALLIS, relied upon Defendant, WEST SUBURBAN MEDICAL CENTER, for complete obstetrical care.

10. On August 9, 2014, and at all times mentioned herein, Defendant, McCAMMON, was a duly-authorized apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her apparent agency.

11. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, had the right to control the actions of Defendant, McCAMMON.

12. On August 9, 2014, and at all times mentioned herein, Defendant, McCAMMON, was a duly-authorized actual agent and/or employee of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency and/or employment.

13. On August 9, 2014, and at all times mentioned herein, Defendant, WEST SUBURBAN MEDICAL CENTER, never informed Plaintiff, TEQUILA SALLIS, that Defendant, WALKER, was not an of Defendant, WEST SUBURBAN MEDICAL CENTER.

14. On August 12, 2014, and at all times mentioned herein, Plaintiff, TEQUILA SALLIS, did not know that that Defendant, TOTAL WELLNESS CENTER, was not an agent of Defendant, WEST SUBURBAN MEDICAL CENTER.

15. On August 9, 2014, and at all times mentioned herein, PLAINTIFF, TEQUILA SALLIS, relied upon Defendant, WEST SUBURBAN MEDICAL CENTER, for complete obstetrical nursing care.

16. On August 9, 2014, and at all times mentioned herein, Defendant, TOTAL WELLNESS CENTER, was a duly-authorized apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of its apparent agency.

17. On August 9, 2014, and at all times mentioned herein, Defendant, TOTAL WELLNESS CENTER was a duly-authorized actual agent and/or employee of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency and/or employment.

18. On August 16, 2014, and at all times mentioned herein, Defendant, WALKER, was a registered nurse duly licensed to practice nursing in the State of Illinois.

19. On August 12, 2014, and at all times mentioned herein, Defendant, WALKER, was a duly-authorized agent and/or employee of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency and/or employment.

20. On August 12, 2014, and at all times mentioned herein, Defendant, WALKER, was a duly-authorized apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her apparent agency.

21. On August 9, 2014, Plaintiff, TEQUILA SALLIS, then 37 3/7 weeks pregnant, presented to Defendant, WEST SUBURBAN MEDICAL CENTER, for an ultrasound biophysical profile.

22. On August 9, 2014, Plaintiff, TEQUILA'S weight had increased sixty-seven pounds from her initial pre-natal visit and her blood pressure was elevated to 140/90.

23. On August 9, 2014, Defendant, McCAMMON, was informed of Plaintiff, TEQUILA SALLIS' condition .

24. On August 10, 2014, Plaintiff, TEQUILA SALLIS, was discharged from WEST SUBURBAN MEDICAL CENTER by Defendant, McCAMMON.

25. On August 12, 2014, Plaintiff, TEQUILA SALLIS, again presented to Defendant, MEDICAL CENTER, with concerns that her water bag had broken.

26. On August 12, 2014, Plaintiff, TEQUILA SALLIS, was placed on an external fetal heart monitor.

27. On August 12, 2014, fetal heart rate monitoring showed fetal heart rate decelerations to the 90s.

28. On August 12, 2014, Defendant, McCAMMON, spoke with Plaintiff, TEQUILA SALLIS, by telephone.

29. On August 12, 2014, Defendant, McCAMMON, did not evaluate Plaintiff, TEQUILA SALLIS, in the hospital.

30. On August 12, 2014, Defendant, McCAMMON, did not cause an induction of labor to be performed.

31. On August 16, 2014, Plaintiff, TEQUILA SALLIS, presented to Defendant, WEST SUBURBAN MEDICAL CENTER, for a scheduled biophysical profile and non-stress test.

32. On August 16, 2014, Plaintiff, TEQUILA SALLIS, was assigned by Defendant, WEST SUBURBAN MEDICAL CENTER, to the obstetrical nursing care of Defendant, WALKER.

33. On August 16, 2014, Defendant, WALKER, placed an external fetal hear monitor at approximately 11:20am.

34. On August 16, 2014, Defendant, WALKER, did not inform Defendant, McCAMMON, of the admission or the initial fetal heart monitor tracings of Plaintiff, TEQUILA SALLIS.

35. On August 16, 2014, at approximately 12:20pm, Defendant, WALKER, discontinued fetal monitoring.

36. On August 16, 2014, at approximately 3:21PM (15:21) Defendant, WALKER, re-applied the external fetal monitor to Plaintiff, TEQUILA SALLIS.

37. On August 16, 2014, at approximately 3:35PM (15:35) a Category III fetal heart rate tracing was present.

38. On August 16, 2014, at approximately 4:20 p.m., the minor Plaintiff, GERALD SALLIS Jr., was delivered by crash C-section, by Defendant, McCAMMON, with the active assistance and aid of various other agents and employees of Defendant, WEST SUBURBAN MEDICAL CENTER, including, but not limited to, Respondent in Discovery Zachary LaMaster, D.O., F.P, and other nurses, aids, technicians, and house staff.

39. On August 9, 2014, and at all times mentioned herein, Defendant, McCAMMON, had the duty to possess and use the knowledge, skill, and care ordinarily used by a reasonably careful physician under similar circumstances.

40. On August 9, 2014, and thereafter, Defendants, McCAMMON, and Defendants, WELLNESS CENTER and WEST SUBURBAN MEDICAL CENTER, by and through their actual and/or apparent agent and employee, McCAMMON, were professionally negligent in the following ways:

- a. failed to perform a proper workup for pre-eclampsia on August 9, 2014;
- b. failed to admit her patient on August 9, 2014 and induce for pregnancy-induced hypertension based upon signs and symptoms of pre-eclampsia;

- c. failed to fully inform Tequila on August 9, 2014 of the risks and alternatives to continuing pregnancy versus delivery;
- d. failed to see her patient on August 12, 2014;
- e. failed to admit her patient on August 12, 2014 and induce for pregnancy-induced hypertension based upon signs and symptoms of pre-eclampsia;
- f. failed to inform Tequila on August 12, 2014 of the risks and alternatives to continuing pregnancy versus delivery;
- g. failed to appropriately monitor her patient on August 16, 2014;
- h. failed to proceed to delivery on August 16, 2014 in light of FHR tracings with absent to minimal variability;
- i. failed to re-apply the fetal heart monitor on August 16, 2014 at 15:23 in light of the prior biophysical profile; and
- j. failed to have her patient taken to the OR on August 16, 2014 to perform a timely Cesarean section.

41. As a direct and proximate result of the aforementioned negligent acts or omissions of the Defendant, McCAMMON, and Defendants, WELLNESS CENTER and WEST SUBURBAN MEDICAL CENTER, by and through their actual and/or apparent agent and employee, McCAMMON, and each of them, Plaintiff, GERALD SALLIS, Jr., a Minor, sustained injuries of a personal, permanent, and pecuniary nature.

42. On August 16, 2014, Defendant, WALKER, and Defendant, WEST SUBURBAN MEDICAL CENTER, by and through their actual and/or apparent agent and employee, WALKER, were professionally negligent in the following ways:

- a. failed to assess fetal heart tones;
- b. failed to interpret and respond to nonreassuring fetal heart tones;
- c. failed to elicit a fetal heart rate response;

- d. failed to perform intrauterine resuscitation in a timely manner;
- e. failed to notify a physician on non-reassuring fetal heart tones in a timely manner;
- f. failed to notify Defendant, McCAMMON of Plaintiff's status, including but not limited to her admission to the hospital, initial ominous fetal heart tones, and non-reactive NST; and
- g. failed to advocate for timely physician assessment and timely delivery by C-section;
- h. failed to advocate the chain of command, if necessary, to obtain physician assessment and timely delivery.

43. Attached to this Complaint at Law are the affidavit of one of Plaintiffs' attorneys and the written health care providers' reports required by 735 ILCS 5/2-622 which are incorporated herein.

WHEREFORE, Plaintiffs, GERALD SALLIS, JR., a Minor, by his Parents and Next Friends, TEQUILA SALLIS and GERALD SALLIS, demand judgment against Defendants, NATHALIE McCAMMON-CHASE, M.D., McCAMMON-CHASE TOTAL WELLNESS CENTER, INC., an Illinois Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC., d/b/a WEST SUBURBAN MEDICAL CENTER, a Corporation, and SHELIA WALKER, R.N., and each of them, in an amount in excess of FIFTY THOUSAND DOLLARS (\$50,000.00).

COUNT II – MEDICAL NEGLIGENCE – FAMILY EXPENSE ACT

1-43. Plaintiff, TEQUILA SALLIS, Individually, re-alleges Paragraphs 1 through 43 of Count I of this Complaint, as if fully set forth herein.

44. On August 9, 2014, and at all times mentioned herein, Plaintiff, TEQUILA SALLIS, was the mother of Plaintiff, GERALD SALLIS, Jr., a Minor.

45. As a direct and proximate result of one or more of the aforesaid negligent acts or omissions of Defendants, McCAMMON, TOTAL WELLNESS CENTER, WEST SUBURBAN

MEDICAL CENTER, and WALKER, Plaintiff, TEQUILA, as the mother of GERALD, a Minor, became obligated for various hospital and medical expenses under the Family Expense Act, 750 ILCS 65/15 and brings this action to recover said expenses.

WHEREFORE, Plaintiff, TEQUILA SALLIS, Individually, demands judgment against Defendants, NATHALIE McCAMMON-CHASE, M.D., McCAMMON-CHASE TOTAL WELLNESS CENTER, INC., an Illinois Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC., d/b/a WEST SUBURBAN MEDICAL CENTER, a Corporation, and SHELIA WALKER, R.N., and each of them, in an amount in excess of FIFTY THOUSAND DOLLARS (\$50,000.00).

COUNT III – MEDICAL NEGLIGENCE – FAMILY EXPENSE ACT

1-43. Plaintiff, GERALD SALLIS, Individually, re-alleges Paragraphs 1 through 43 of Count I of this Complaint, as if fully set forth herein.

44. On August 9, 2014, and at all times mentioned herein, Plaintiff, GERALD SALLIS, was the father of Plaintiff, GERALD SALLIS, Jr., a Minor.

45. As a direct and proximate result of one or more of the aforesaid negligent acts or omissions of Defendants, McCAMMON, TOTAL WELLNESS CENTER, WEST SUBURBAN MEDICAL CENTER, and WALKER, Plaintiff, GERALD SALLIS, as the father of GERALD, SALLIS, Jr., a Minor, became obligated for various hospital and medical expenses under the Family Expense Act, 750 ILCS 65/15 and brings this action to recover said expenses.

WHEREFORE, Plaintiff, GEALD SALLIS, Individually, demands judgment against Defendants, NATHALIE McCAMMON-CHASE, M.D., McCAMMON-CHASE TOTAL WELLNESS CENTER, INC., an Illinois Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC., d/b/a WEST SUBURBAN MEDICAL CENTER, a Corporation, and SHELIA

WALKER, R.N., and each of them, in an amount in excess of FIFTY THOUSAND DOLLARS (\$50,000.00).

COUNT IV – RESPONDENTS IN DISCOVERY

Plaintiffs, GERALD SALLIS, JR., a Minor, by his Parents and Next Friends, TEQUILA SALLIS and GERALD SALLIS, Individually, by and through their attorneys, CLIFFORD LAW OFFICES, P.C., pursuant to 735 ILCS 5/2-402, designate as Respondents in Discovery, THOMAS GAST, M.D. (hereinafter “GAST”) ZACHARY LaMASTER, D.O., F.P. (hereinafter “LaMASTER”), LINDA ANDRUS, R.N. and TINA DEVITO, RN as persons Plaintiffs believe to have information essential to the determination of who should be properly named as Defendants in this action, and state as follows:

1. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, GAST, was a physician duly licensed to practice medicine in the State of Illinois.
2. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, GAST, was a duly-authorized actual agent and/or apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of his agency.
3. On August 16, 2014, at approximately 3:27PM, Respondent in Discovery, GAST, interpreted and electronically signed the ultrasound Biophysical Profile without non-stress test performed on TEQUILA SALLIS at 1:56PM.
4. Respondent in Discovery, GAST, is believed by Plaintiffs to have information essential to the determination of who should properly be named as additional Defendants in this action.
5. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, LaMASTER, was a physician duly licensed to practice medicine in the State of Illinois.

6. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, LaMASTER, was a duly-authorized actual and/or apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency and/or employment.

7. On August 16, 2014, Respondent in Discovery, LaMASTER, assisted in the C-section delivery of the Plaintiff, GERALD SALLIS, Jr. a minor.

8. Respondent in Discovery, LaMASTER, is believed by Plaintiffs to have information essential to the determination of who should properly be named as additional Defendants in this action.

9. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, DEVITO, was a registered nurse duly licensed to practice nursing in the State of Illinois.

10. On August 16, 2014, and at all times mentioned herein, Respondent in Discovery, DEVITO, was a duly-authorized actual and/or apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency

11. On August 16, 2014, at approximately 3:38PM (15:38), Respondent in Discovery, DEVITO, was called to the Plaintiff, TEQUILA SALLIS' bedside to assist.

12. Respondent in Discovery, DEVITO, is believed by Plaintiffs to have information essential to the determination of who should properly be named as additional Defendants in this action.

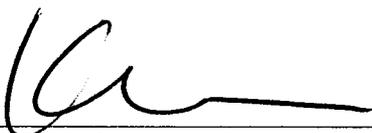
13. On August 12, 2014, and at all times mentioned herein, Respondent in Discovery, ANDRUS, was a registered nurse duly licensed to practice nursing in the State of Illinois.

14. On August 12, 2014, and at all times mentioned herein, Respondent in Discovery, ANDRUS, was a duly-authorized actual and/or apparent agent of Defendant, WEST SUBURBAN MEDICAL CENTER, acting within the scope of her agency.

15. On August 12, 2014, Respondent in Discovery, ANDRUS, was the bedside nurse assigned to the care of Plaintiff, TEQUILA SALLIS, by Defendant, WEST SUBURBAN MEDICAL CENTER.

16. Respondent in Discovery, ANDRUS, is believed by Plaintiffs to have information essential to the determination of who should properly be named as additional Defendants in this action.

WHEREFORE, Plaintiffs, GERALD SALLIS, JR., a Minor, by his Parents and Next Friends, TEQUILA SALLIS and GERALD SALLI, Individually, name THOMAS GAST, M.D., ZACHARY LaMASTER, D.O., F.P., TINA DEVIOT, R.N., and LINDA ANDRUS, R.N. as Respondents in Discovery.



Attorney for Plaintiffs

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**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION**

GERALD SALLIS, JR., a Minor, by his)
Parents and Next Friends, TEQUILA)
SALLIS and GERALD SALLIS, and)
TEQUILA SALLIS, Individually, and)
GERALD SALLIS, Individually,)

Plaintiffs,)

v.)

No.)

NATHALIE McCAMMON-CHASE, M.D,)
McCAMMON-CHASE TOTAL)
WELLNESS CENTER, INC., an)
Illinois Corporation,)
VHS WEST SUBURBAN MEDICAL)
CENTER, INC. d/b/a WEST SUBURBAN)
MEDICAL CENTER, a Corporation, and)
SHELIA WALKER, R.N.)

Defendants.)

***PLAINTIFFS DEMAND TRIAL
BY 6-PERSON JURY.***

-----)
THOMAS GAST, M.D.,)
ZACHARY LaMASTER, D.O., F.P., and)
LINDA ANDRUS, R.N., and)
TINA DEVITO, RN)
Respondents in Discovery.)

PLAINTIFFS' ATTORNEY AFFIDAVIT PURSUANT TO 735 ILCS 5/2-622(a)(1)&(d)

KEITH A. HEBEISEN states as follows:

1. I am one of the attorneys with responsibility for this matter on behalf of the Plaintiffs.

2. I have consulted and reviewed the facts of this case with health professionals whom I reasonably believe: (i) are knowledgeable in the relevant issues involved in this particular action; (ii) practice or have practiced within the last six (6) years or teach or have taught within the last six (6) years in the same area of health care or medicine that is at issue in this particular action; and (iii) are qualified by experience or demonstrated competence in the subject of this case.

3. The reviewing health professionals have determined in written reports after review of the medical records and other relevant material involved in this particular action that there is a reasonable and meritorious cause for the filing of this action against NATHALIE McCAMMON-CHASE, M.D, McCAMMON-CHASE TOTAL WELLNESS CENTER, INC., an Illinois

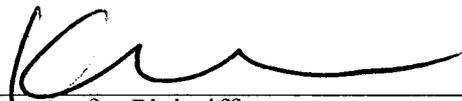
Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC. d/b/a WEST SUBURBAN MEDICAL CENTER, a Corporation, and SHELIA WALKER, R.N.

4. In addition, I certify that it is the opinion of the reviewing health professionals after review of the medical records and other relevant material involved in this particular action that a reasonable health professional would have informed the patient of the risks of continuing her pregnancy, and the alternative treatment options, including but not limited to the induction of labor.

5. I have concluded on the basis of the reviewing health professionals' review and consultation that there is a reasonable and meritorious cause for filing of this action against NATHALIE McCAMMON-CHASE, M.D, McCAMMON-CHASE TOTAL WELLNESS CENTER, INC., an Illinois Corporation, VHS WEST SUBURBAN MEDICAL CENTER, INC. d/b/a WEST SUBURBAN MEDICAL CENTER, a Corporation, and SHELIA WALKER, R.N.

6. Copies of the written reports are attached.

FURTHER AFFIANT SAYETH NOT.



Attorney for Plaintiffs

[X] Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, I certify that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that I verily believe the same to be true.

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Re: Gerald Sallis, Jr. DOB: 8/16/2014

Dear Mr. Hebeisen,

I am a physician licensed to practice medicine in all of its branches, specializing in obstetrics and gynecology. I am knowledgeable in the relevant issues involved in this particular action, I have practiced within the last 6 years in the same area of healthcare that is at issue in this action and have substantial experience in the practice of maternal fetal medicine. I am familiar with the relevant literature and guidelines applicable to the subject matter in this case. I am qualified by experience and demonstrated competence in the subject of this case. I have reviewed the medical records of Gerald Sallis, Jr. and Tequila Sallis, including, but not limited to, records from West Suburban Medical Center and Lurie Children's Hospital.

The opinions stated herein are based upon a reasonable degree of medical certainty based upon my training, experience and my review of the aforementioned materials. My opinions, based on a reasonable degree of medical certainty, are that certain acts and/or omissions of Nathalie McCammon-Chase, M.D., Linda Andrus, R.N., Shelia Walker, R.N., and West Suburban Medical Center breached the medical standard of care.

Medical Summary

On December 23, 2013, in her 5th week of pregnancy, Tequila Sallis presented to Nathalie McCammon-Chase, M.D. at the McCammon-Chase Total Wellness Center in Oak Park, Illinois for her first pre-natal visit. Mrs. Sallis weighed 145 lbs, up four pounds from her pregravid weight of 141 lbs. Pre-natal labs were performed and a script was written for ultrasounds for size and dates. Mrs. Sallis's estimated date of delivery was August 27, 2014.

Other than documentation of gestational diabetes, early signs of preeclampsia, and HSV on prophylaxis, Mrs. Sallis's pre-natal care was uneventful.

On August 9, 2014, Mrs. Sallis, then 37 3/7 weeks pregnant, presented to West Suburban for an ultrasound biophysical profile (BPP). Her documented weight was 212 lbs, a 67 lb increase from her initial pre-natal visit eight months earlier. Her blood pressure was elevated to 140/90. Fetal heart rate was measured at 150, with positive fetal movement. Mrs. Sallis had edema in her lower extremities. Her urine analysis revealed moderate levels of protein. Her BPP was an 8/8, AFI 10.4, previously 9.2. Per the 2014 American Congress of Obstetricians and Gynecologists (ACOG) standards, Mrs. Sallis should have been admitted and induced for preeclampsia based on the above findings that are consistent with preeclampsia.

On August 12, 2014, Mrs. Sallis again presented to West Suburban Medical Center complaining of ruptured membranes; she believed her water had broken. Mrs. Sallis was discharged that same day. At approximately 1:36 pm, Mrs. Sallis was placed on monitors which showed a FHR baseline of 150-155, varying between minimal to moderate variability with no accelerations. At 4:54 pm, the fetal heart rate decelerated to 90. The tracing became spotty, and it was difficult to interpret if there were decelerations or not. At 5:15 pm, Mrs. Sallis was taken off monitors. Instead of ordering continued monitoring and/or inducing delivery at this point, Mrs. Sallis was discharged. Linda Andrus, R.N., noted that Nathalie McCammon-Chase, MD, discussed induction of labor with Mrs. Sallis due to gestational diabetes mellitus and emerging preeclampsia. Her triage discharge instructions indicated that Mrs. Sallis was to have no restrictions, was to follow up with NST on August 16, 2014, at 11:00 am, and an induction was scheduled for August 18, 2014 at 8:00 am.

On August 16, 2014, Mrs. Sallis again presented to West Suburban Medical Center, this time for antenatal screening secondary to gestational diabetes and preeclampsia. During her testing, Mrs. Sallis had fetal heart tracing that was non-reassuring, so she was admitted to the hospital. An external fetal monitor was placed at 11:20AM by Shelia Walker, R.N.. As soon as the monitor was placed, absent variability was evidence. From thereon fetal heart tracing became persistently bradycardic in the 80's-90's. At 11:22 am, her Mrs. Sallis' blood pressure was 144/95, which dropped to 128/73 by 11:28 am. There is no mention in the records that any OB or doctor was notified of the ominous tracing or this change in blood pressure. Mrs. Sallis was taken off monitor at 12:20.

At 13:56 (1:56 pm), an ultrasound was performed by Thomas Gast, MD. BPP was measured as 4/8, indicative of non-reassuring fetal status. Mrs. Sallis was not placed back on fetal heart monitors

until 15:21 (3:23 pm). At 15:35 (3:35) the tracing became a Category III due to a decreased FHR baseline with absent variability and variable bradycardia and decelerations. At 15:40 (3:40 pm), the FHR baseline dropped to 90, absent variability with decel down to 60 for approximately 2 minutes with a gradual increase back to 90 baseline. At 15:42 a MCH team was called- as documented by Nurse Walker.

At 16:04 (4:40pm), Mrs. Sallis was taken to the OR for crash primary low transverse C-section delivery via Pfannensteil incision, and at 16:20 (4:20 pm), Gerald Jr. was delivered by Nathalie McCammon-Chase, Zachary LaMaster, DO, FP, and Dr. Doroskova. The umbilical cord was wrapped around Gerald Jr's. His nose and mouth were suctioned with bulb suction while the cord was clamped and cut. No subchorionic fibrin was present.

Gerald Jr. was limp and pale at birth, and had a faint pulse with a heart rate of 20 bpm with low saturations. He was intubated in the delivery room at 2 minutes of life. Chest compressions were initiated for approximately 18 minutes of life until his heart rate was greater than 60. He had a UVC placed during resuscitation. He received a total of three doses of epinephrine, normal saline bolus, and bicarbonate bolus.

When Mrs. Sallis awoke after her procedure, she was notified that Gerald Jr. suffered an anoxic event and had been transferred to Lurie Children's Hospital for care. Gerald was admitted at Lurie for birth asphyxia. An MRI of his brain showed imaging consistent with severe ischemic injury diffusely involving the entire cortices of both cerebral hemispheres, deep gray nuclei and midbrain, with associated edema and scattered microhemorrhages.

Opinions

As a direct and proximate result of the failure to deliver Gerald Jr. by cesarean section earlier, he has sustained severe and permanent brain damage and injuries related thereto.

On August 9, 2014, and thereafter, Nathalie McCammon-Chase, M.D., deviated from the standard of care in the following ways:

a) failed to perform a proper workup for pre-eclampsia on August 9, 2014;

b) failed to admit her patient on August 9, 2014 and induce for pregnancy-induced hypertension based upon signs and symptoms of pre-eclampsia;

c) failed to fully inform Tequila on August 9, 2014 of the risks and alternatives to continuing pregnancy versus delivery;

d) failed to see her patient on August 12, 2014;

e) failed to admit her patient on August 12, 2014 and induce for pregnancy-induced hypertension based upon signs and symptoms of pre-eclampsia;

f) failed to inform Tequila on August 12, 2014 of the risks and alternatives to continuing pregnancy versus delivery;

g) failed to appropriately monitor her patient on August 16, 2014;

h) failed to proceed to delivery on August 16, 2014 in light of FHR tracings with absent to minimal variability;

i) failed to re-apply the fetal heart monitor on August 16, 2014 at 15:23 in light of the prior biophysical profile;

j) failed to have her patient taken to the OR on August 16, 2014 to perform a timely Cesarean section.

It is my opinion that there is a reasonable and meritorious cause for filing an action against Nathalie McCammon-Chase M.D. and West Suburban Medical Center.

In reliance upon the attached report of the obstetrical nursing expert, it is my opinion that there is a reasonable and meritorious cause for the filing of an action against Shelia Walker R.N.

The aforementioned negligent acts or omissions of Nathalie McCammon-Chase, M.D., Shelia Walker, R.N., and West Suburban Medical Center were a proximate cause of injury to Gerald Sallis, Jr.

My opinions are subject to modification pending review of further materials.

Re: Tequila Sallis
Dear Mr. Hebeisen,

I received my bachelor's degree in Nursing in 2003. I have been practicing as a Registered Nurse in hospital settings since that time and actively practice nursing as of the date of this report. I have over ten years experience in labor and delivery, postpartum and antepartum care and two years experience in critical care. I am certified in Inpatient Obstetrics and am trained in Advanced Fetal Monitoring by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). I am an AWHONN Intermediate Fetal Monitoring Instructor.

My experience as a labor and delivery nurse, in addition to my training in fetal monitoring, makes me familiar with the labor process and the fetal response to labor. Through examination of the fetal monitoring strip, I am able to assess fetal well-being related to the oxygenation of the fetus via the placenta throughout labor. I have experience evaluating fetal monitor strips and managing situations as they arise by performing the interventions necessary to create optimal outcomes for mother and fetus. I have years of experience managing labor patients receiving Cytotec and Pitocin for induction and augmentation, as well as the ability to titrate the medication effectively while optimizing fetal oxygenation and outcome. I am experienced in caring for labor patients who have been diagnosed with Pre-eclampsia and appreciate the increased awareness and assessment these patients warrant.

I have reviewed the following records:

1. Fetal monitor strips from West Suburban Medical Center
2. Hospital records of Tequila Sallis from West Suburban Medical Center
3. Prenatal records of Tequila Sallis
4. Imaging reports from West Suburban Hospital

Facts of the Case

Ms. Sallis is a 24 year old Gravida 1 Para 0 who was receiving prenatal care from Dr. McCammon-Chase. Ms. Sallis's pregnancy was complicated by insulin dependent gestational diabetes and pre-eclampsia. She was being followed closely by Dr. McCammon and was receiving weekly Biophysical Profiles (BPP's) and Non Stress Tests (NST's) in order to ensure fetal well-being in the face of these complications.

On August 12, 2014, Ms. Sallis arrived to West Suburban Medical Center complaining of possible rupture of membranes. Fetal heart tones were monitored and had a baseline of 150bpm,

moderate variability, no accelerations and a few possible decelerations. There is no assessment of the fetal heart tones or contractions documented nor is there documentation of physician notification. It was decided that Ms. Sallis did not break her water and was discharged home.

On August 16, 2014, Ms. Sallis arrived again to West Suburban Medical Center for her scheduled BPP and NST. The BPP exam was delayed and Ms. Sallis went to L&D to start her NST before the BPP. At 1120, the external fetal heart monitor was turned on and tracing of the fetal heart tones (FHTs) began. The FHTs had a baseline of 140 with absent variability, no accelerations and no decelerations. Ms. Sallis' initial blood pressure was 144/95 pulse 105. Nurse Walker annotated "received patient await for BPP, u/s unavailable at present time, pt. states was told to be seen in 1 hour". At 1128, the fetal heart rate baseline was 145, still absent variability. Nurse Walker annotated that "PO fluids given, positioned to side". By 1153, FHTs were 145, absent variability. A glucose was taken at 1220 and was 138, the fetal monitor was then removed and Ms. Sallis was taken down to ultrasound for the BPP.

Three hours later, at 1521, the fetal monitor was turned on and fetal heart tones began tracing with a baseline of 120, 25 beats from the last baseline monitored, with absent variability. At 1535, a Category III tracing was present and characterized by absent variability and bradycardia with a fetal heart rate baseline of 110. Nurse Walker started an IV, drew labs and began a fluid bolus at that time. She called the assistant charge nurse at 1538. At 1542, the fetal heart rate baseline was 90 and there was a prolonged decel for 2 minutes. Nurse Devito annotated "await for orders" and Nurse Walker annotated "MCH team called". Supplemental oxygen was administered via facemask at 1543 and a position change was done. At 1549, Nurse Devito annotated "await orders" and Nurse Walker annotated "Dr. Thomas/Dr. Torres in room". At 1551, Dr. Lamaster was at the bedside and the MCH fellow was called. At 1556, a Foley was placed and terbutaline was ordered by Dr. McCammon which was administered at 1557. At 1604, Ms. Sallis was taken to the OR for an emergency cesarean section.

Standard of Care

The standard of care of the nursing staff caring for Ms. Sallis on August 12, 2014 when she arrived complaining of possible rupture of membranes was to assess the fetal heart tones and report them to the physician. It was clearly documented in Ms. Sallis's prenatal records that she was a gestational diabetic and was receiving weekly antenatal testing to ensure fetal well-being. The fetal heart rate from 1335 to 1721 had a baseline of 150 with no accelerations. If she had been there for a non-stress test, as every other week, it would have been non-reactive due to lack of accelerations within 30 minutes. There is no fetal heart rate documented by the nurse caring for Ms. Sallis in triage and no mention of a report to the physician regarding the heart tones before discharging Ms. Sallis home.

Four days later Ms. Sallis arrived for her scheduled weekly BPP and NST. The standard care of the nursing staff taking care of Ms. Sallis required immediate physician notification of the fetal heart tones once she arrived in triage on August 16, 2014. The fetal heart tones had absent variability and a baseline of 140. The attending physician should have been notified

immediately. All triage patients must have a documented fetal heart rate assessment and contraction assessment documented. There is nothing documented by Nurse Walker.

Standard of care also requires continuous electronic fetal monitoring of tracings that are non-reassuring such as these. Absent variability is an abnormal finding that not only required physician notification but also interventions aimed at increasing the oxygenation of the fetus such as supplemental oxygen, position change, and IV fluid bolus.

Breaches in the Standard of Care

1. Failure of the nurse to assess fetal heart tones.

Ms. Sallis arrived to triage and was placed on the monitor for her NST at 1120. There are no documented fetal heart tone assessments from 1120 until delivery at 1620. It appears that nurse Walker did not even assess the fetal heart rate because took Ms. Sallis off the fetal monitor to go down for an ultrasound which was contraindicated due to the fetal heart rate status. There were no interventions done by Nurse Walker aimed at improving perfusion which again indicates that Nurse Walker either did not assess and/or did not know how to assess the fetal heart tones.

In order to perform antenatal testing such as a non-stress test, the Nurse must be able to interpret a fetal monitor tracing and respond appropriately. Ms. Sallis was a high risk patient and had documented reasoning for the weekly NST. This type of patient warranted a close eye to the fetal well-being which would have been evident by moderate variability. Once absent variability was obvious, Nurse Walker did nothing to solicit a fetal response. Vibroacoustic stimulation is a noninvasive way to elicit an acceleration in the fetal heart rate of a well oxygenated fetus. The point of the NST is to ensure the fetus has adequate oxygenation and will show this by an acceleration in the fetal heart rate in response to movement. The vibroacoustic stimulation is used to stimulate fetal movement therefore providing an acceleration in the fetal heart rate if the fetus is properly oxygenated.

It appears that Nurse Walker just placed the external fetal monitor on and then never assessed the findings. She made no attempt to elicit a fetal heart rate response, no attempt to perform intrauterine resuscitation and no notification to the physician.

2. Failure of the Nurse to notify the physician in a timely manner

As soon as Ms. Sallis was placed on the monitor at 1120, a call should have been placed to Dr. McCammon by Nurse Walker once absent variability was evident. Orders were filled out and signed by the Nurse at 1500 for an induction of labor for Ms. Sallis. The orders included an ADA diet and Cytotec orally for cervical ripening. This order set is absolutely contraindicated in the face of absent variability and a dropping baseline. This affirms that there was no report to the ordering physician about the NST findings and lack of variability from the time Ms. Sallis arrived at 1120.

At 1521, after Ms. Sallis returned from ultrasound the fetal baseline had decreased from 140 beats to 120. Dr. McCammon should have been notified. At 1535, the tracing by NICHD definition became a Category III due to the absent variability and bradycardia. Dr. McCammon should have been notified. The variability remained absent and the baseline started trending down after returning from ultrasound and there was no documented call to the physician until 1542 when "MCH team called" was documented by Nurse Walker. The team arrived to the bedside by 1551.

Bedside nurses are responsible for reporting all findings of their assessments to the physician, good or bad. Ms. Sallis was at West Suburban Medical Center specifically for a scheduled NST due to a high risk pregnancy. Desired outcomes that ensure adequate oxygenation of the fetus should be noted within 30 minutes of starting an NST. If the fetal tracing is non-reactive then the physician must be notified so the physician has the opportunity to devise a plan of care with current information regarding the fetal heart tones and the fetal response to the intrauterine environment. Nurse Walker never made a call about her initial findings, which were ominous, nor did she relay the non-reactive NST results but instead discontinued Ms. Sallis from the external fetal monitor and let her leave the floor to have the ultrasound without her physician ever knowing of the current situation.

3. Failure of nurse to perform intrauterine resuscitation in a timely manner

The best predictor of fetal oxygenation is the presence of variability in the fetal heart rate. Variability is a component included in the fetal heart rate assessment that all L&D nurses are required to perform and is a component of the non-stress test that Ms. Sallis was there to receive. When a component of the fetal heart rate assessment is abnormal, such as an absence of variability, several interventions can be performed that are within a nurse's scope of practice. They include maternal position change, application of supplemental oxygen, an IV fluid bolus and to notify the physician.

Nurse Walker initiated a position change after 8 minutes of absent variability and offered Ms. Sallis oral hydration which was contraindicated considering the probable need for a cesarean delivery had she been assessing the fetal heart rate tracing. There were no other interventions until Ms. Sallis returned to triage after being off the monitor for 3 hours. Nurse Walker started an IV at 1535, initiated an IV fluid bolus and changed maternal position. She finally called for assistance from the assistant charge nurse 1538 and it appears that the first call to a physician was made at or around that time based on the annotation of Nurse Devito "await for orders". Oxygen is applied at 1542 and another position change is done by Nurse Devito. These interventions should have been initially carried out within minutes of arrival at 1120 and repeated until the desired outcome or delivery was achieved.

Nurses trained to perform NSTs must be also trained in fetal monitoring. They should immediately recognize the need to perform intrauterine resuscitation based on the fetal heart rate patterns they encounter. The nurse has a duty to perform interventions aimed at improving fetal oxygenation as soon as the absent variability was encountered.

Conclusion

Electronic fetal monitoring provides a real time reflection of the intrauterine environment and the fetal response to that environment. Ms. Sallis was monitored weekly with BPPs and NSTs because her physician knew she had a high risk pregnancy and that her fetus had the potential to have compromised well-being. When she arrived for her NST on August 16, 2014, the expectation was that a nurse with the ability to interpret her fetal monitor tracing and NST results would be providing her care. She trusted that the findings would be relayed to her physician so the safest plan of care for her and her unborn child would be carried out. Instead Nurse Walker ignored the ominous signs of absent variability and a dropping baseline and never notified her physician until the fetal tracing was a Category III.

The first physician arrival was at 1549. Ms. Sallis was taken to the OR for an emergency cesarean section at 1604. The non-reassuring status of the fetal monitor tracing called for an expedited delivery. Had her physician been notified on arrival that there was absent variability Baby Sallis would have been delivered much earlier, possibly before the tracing became a Category III.

In my opinion, there is a meritorious basis for the filing of an action against Nurse Walker and West Suburban Medical Center.

The opinions expressed in this report are based on my education, training, experience and background in the area of obstetrical nursing. I respectfully reserve the right to modify or supplement my opinions if or when additional information becomes available.