HOLY CROSS HOSPITAL

1500 Forest Glen Road
Silver Spring, MD
20910-1484
(301) 754-7000
www.holycrosshealth.org

September 27, 2004

Mr. Alexander Neustadter
1111 University Boulevard, West
Apt. #405
Silver Spring, MD 20902

Dear Mr. Neustadter:

We are sorry to have taken an extended time to respond to your questions concerning the events around your father's admission to Holy Cross Hospital. Hopefully, these answers will at least in part respond to your concerns.

You have asked to see the pharmacy record of dispensed medications. As we previously explained to you, the official record of what medication the patient actually received is the medication Kardex that you have. All other information is subordinate to the Kardex. This is what the nurse who administered the drug says was given to the patient. I don't believe there is any reason to waste time and effort dredging up less reliable information* By the way, the 750mg dose of Levaquin for community-acquired pneumonia was not approved by the FDA until Oct. 24, 2003. The 750mg dose was clearly not standard medical therapy at the time of your father's hospitalization.

I trust your word that nutrition was not started for 59 hours after you and Dr. Koch spoke. Dr. Koch did recommend procalamine and lipids as a stopgap measure in his consult of 3/14. He did not write an order for procalamine and lipids. Another physician wrote an order for peripheral parenteral nutrition on 3/16. There was also an order sheet for central parenteral nutrition that is undated. His physicians were clearly hoping to use his gut for nutrition rather than the IV route, as the enteral route is much preferred for safety and effectiveness. Multiple attempts at placing a feeding tube failed because of his Zenker's diverticulum and this clearly contributed to a delay in providing nutrition. I can easily surmise that the physicians assumed a feeding tube would be successfully placed by GI or radiology and saw no reason to start IV nutrition when tube feedings would be started shortly. It really is very unusual that we are unable to place a feeding tube.

Holy Cross Hospital does not prepare its own parenteral nutrition solutions. They are made by an outside service to insure the highest quality. Orders must be submitted by 2 pm in order for the outside pharmacy to prepare and deliver the product by the next morning. Thus if orders are submitted after 2 pm, the parenteral nutrition solution will not be ready until the morning of the second day after the order is submitted. This is acceptable as parenteral nutrition is not considered an emergency or urgent intervention. All the above factors likely contributed to the delay in initiation of nutritional support.

*Pharmacy record obtained by court order shows 40% of prescribed antibiotic doses were never dispensed.

There are many controversies in the field of nutrition. While it is obvious that we can't live without nutrition, the timing for initiation of feeding during acute illness is controversial (as long as fluids and electrolytes are managed appropriately). Acutely ill patients are generally not hungry and do not feel like they are starving.

I have asked Susan King, the Director of Critical Care, to respond to your questions concerning care provided by that unit. Her response follows:

"I am saddened that your experience on the morning of March 27, 2003 was not found to be supportive of the dying process for both you and your father.* I apologize for any additional pain you must have felt during this most difficult time. I have researched the call response times on the date in question and would be happy to review that information with you.

Your comments about no one responding to the alarms brings up the much broader question of the appropriateness of using monitoring devices on dying patients. These devices can be very intrusive and distracting with little to offer in the setting of an actively dying patient when additional life support measures are not planned. Nursing probably knew additional life support measures were not planned for your father* and there was no action for them to take for a low pulse oximetry reading. One could argue that such monitoring only serves to make family at the bedside more anxious and distract them from paying full attention to their dying loved one. Therefore, many believe that such monitoring is inappropriate in this setting and should be discontinued."

You may reach Susan King at 301-754-7521. As I stated above, I hope that these answers will help resolve some of the issues lingering since your father's death. I wish you health and hopefully more happiness in the new year.

Sincerely,

Lee Schwab, M.D.
Medical Director, Critical Care

LS:jk

* Why *was* there a dying process for me and my father? Why were life support measures *not planned*, when patient wasn't terminal and when admitting doctor, attending doctor, pulmonologist and surrogate *all say* patient was full-code?