

**Retiree being treated for broken leg dies of infection
Plaintiff: despite signs, no antibiotics ordered; \$400,000 settlement**

A 74-year-old retired teacher presented to the emergency room approximately 24 hours after slipping on ice in his driveway. He reported pain in his leg as “10 out of 10” and was diagnosed with a fibular fracture.

While working on ambulating with crutches, he nearly fainted and was found to be hypotensive. He was admitted for observation.

Over the next 30 hours, he exhibited numerous signs and symptoms consistent with infection, such as reddening of his leg, a fracture blister, pain disproportionate to his injury, hypotension, bacteremia and black/purplish skin color.

Despite the symptoms, no infectious disease consult was ordered and no antibiotics were administered. While being worked up for renal disease, pulmonary embolus and cardiac issues, the patient went into organ failure, followed by cardiac arrest. Blood cultures taken shortly before his death revealed Hemolytic Streptococcus Group A infection.

Discovery was complicated by missing records and the fact that the identity of the primary defendant, a nurse practitioner who allegedly failed to respond to lab results indicating the patient’s complete renal shutdown, could only be determined through an electronic audit.

The plaintiff’s infectious disease expert opined that the defendants breached the standard of care and caused the patient’s death by failing to consider infection and failing to order empiric broad-spectrum antibiotics.

The defendants argued that the patient had a rare, virulent form of infection, which, based on the rate the cultures grew out, was associated with an 85-percent mortality rate, and, in any event, the man had a limited life expectancy given a number of co-morbidities.

The case settled at mediation after the completion of discovery

By [Mass. Lawyers Weekly](#)