THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM ORANGEBURG COUNTY
Court of Common Pleas

The Honorable Edgar W. Dickson

Appellate Case No: 2019-001921

Tekayah Hamilton individually and as parent and guardian ad litem for Robert Lee M. Jr., a minor child under the age of 18,........................................................Respondent,

v.

Regional Medical Center,...................................................................Appellant.

APPELLANT'S RESPONSE TO RESPONDENT'S MOTION TO DISMISS APPEAL

Appellant Regional Medical Center ("Appellant") hereby responds to Respondent's Motion to Dismiss Appeal.

ARGUMENT

1. APPELLANT HAS NOT FAILED TO COMPLY WITH THE RULE GOVERNING TRANSCRIPTS.

Rule 207 governs the ordering of transcripts. "Where a transcript of the proceeding must be prepared by the court reporter, appellant shall, within the time provided for ordering the transcript, make satisfactory arrangements (including agreement regarding payment for the transcript), in writing with the court reporter for furnishing the transcript. In appeals from the court of common pleas, masters-in-equity, special referees or the family court in domestic actions, the transcript must be ordered within ten (10) days after the date of service of the notice of appeal." 207(a)(1). "Unless the parties otherwise agree in writing, appellant must order a

transcript of the entire proceedings below." 207(a)(1). Appellant ordered the transcript during the pendency of post-trial matters. Appellant sent a written letter to the court reporter, Hilda Johnson on May 15, 2018, ordering the full and complete transcript. Judge Dickson and opposing counsel were copied on this letter. Appellant filed its Notice of Appeal on November 19, 2019. Therefore, as Appellant ordered the transcript prior to filing its Notice of Appeal, Appellant timely ordered the transcript and copied the correspondence to appropriate persons in accordance to the Rule.

"The court reporter must acknowledge receipt of the request by responding to the appellant within five business days." 207(a)(1). "The court reporter shall transcribe and deliver the transcript to appellant no later than sixty (60) days after the date of the request. Records shall be transcribed by the court reporter in the order in which the requests for transcripts are made." 207(a)(2). "If a court reporter anticipates continuous engagement in the performance of other official duties which make it impossible to prepare a transcript in compliance with this Rule, the reporter shall promptly notify the Office of Court Administration by submitting a Court-approved Notice of Request for Extension form. The Office of Court Administration may grant up to three (3) extensions for a total of up to ninety (90) days. An extension in excess of ninety (90) days shall not be allowed except by order of the Chief Justice." 207(a)(3). "Upon the granting of any extension of time for delivery of the transcript, the Office of Court Administration shall notify all parties and the clerk of the appellate court." 207(a)(4). "The willful failure of a court reporter to comply with the provisions of this Rule shall constitute contempt of court enforceable by order of the Chief Justice." 207(a)(6). In December 2019, Appellant notified the court that it had received the transcript. Once Appellant learned it had not received the transcript in its entirety, it found the contact information for the court reporter, who

had since retired, and requested the missing parts of the transcript. The court reporter returned contact to Appellant and informed that she had the original tapes and was trying to locate the missing parts. To date, Appellant has not received the missing parts of the transcript, and Appellant is not aware of any Request for Extension having been filed.

If Appellant has not received the transcript within the allotted time nor received notification of an extension within ten (10) days after the allotted time, appellant shall notify the Office of Court Administration, the clerk of the appellate court, and the court reporter in writing." 207(a)(5). "Appellant shall contemporaneously furnish all parties, the Office of Court Administration, and the clerk of the appellate court with copies of all correspondence with the court reporter." 207(a)(1). "Where required by paragraph (a)(7) and by Order of the Supreme Court, copies of all correspondence must also be provided by electronic means." 207(a)(1). Appellant has timely notified the Office of Court Administration, the Clerk of Court, and the court reporter that it has not received a complete copy of the transcript, and opposing counsel has been copied on all correspondence. What follows is a timeline of correspondence regarding the missing parts of the transcript.

On December 3, 2019, the court sent a letter to Appellant notifying that the time to order the transcript had expired and it had ten (10) days to file a copy of the letter showing Appellant timely ordered the transcript from the court reporter. The Office of Administration and opposing counsel were to be copied on correspondence regarding the same. On December 9, 2019, Appellant sent a letter to the Clerk of Court as a follow up in regards to having previously spoken to the Clerk's office informing them that Appellant had ordered the transcript during the pendency of post trial matters and had received same. Appellant copied opposing counsel and the Court Administration on this correspondence.

On December 13, 2019, Appellant filed for a Motion for Extension to File Its Initial Brief, which was originally due on December 20, 2019. The court granted Appellant's Motion, making the new due date for Appellant's initial brief January 20, 2020.

The trial transcript is over 450 pages long, and it was not until during the course of Appellant's review of the transcript around Christmas that it realized part of the transcript was missing. Appellant notified the Court of this fact and filed a Motion to receive the rest of the transcript on January 14, 2020. The written correspondence served a follow up to a telephone discussion with the Clerk of Court's staff, Latoyla Burns. In its letter to the court, Appellant stated that the missing parts of the transcript pertained to the Motions *in limine,* which are crucial to Appellant's initial brief. Appellate attached copies of page 78 and 151 of the transcript which referenced these motions. Appellant also informed the court that it found out that the court reporter, Hilda Jordan, had retired, and Appellant had contacted her regarding the missing parts. Appellant informed the court that Ms. Jordan advised she had all of her original tapes and was trying to find this portion. Appellant also informed the court that it had spoken with the Ms. Burns as to whether Appellant needed to contact the South Carolina Court Administration to formally request the missing part of the transcript since the court reporter has retired or if Appellant's personal request was sufficient. In light of the aforementioned, Appellant asked the court to stay the brief pursuant to Rule 207.

On February 10, 2020, the court issued Order granting abeyance to receive further transcripts until March 9, 2020, and for Appellant to notify the court when the transcript was received so the new deadline for brief and designation of matter may be established. On March 16, 2020, Appellant sent written correspondence to the Clerk of Court that it was still missing

portions of the transcript. Opposing counsel was copied on this correspondence. Copies of these letters to Clerk of Court and Court Administration are attached as exhibits.

At some point during this time, an informal conference was held between counsel for Appellant, Judge Dickson, and a representative on behalf of the Respondent. In this meeting, Judge Dickson located his trial notes, and his secretary telephoned the court reporter, Hilda Jordan, who informed her that she would attempt to locate the tapes and complete the transcription process.

On June 5, 2020, the court sent Appellant a letter stating that the transcript should have been received and there was no information that the court reporter had been granted an extension. The court informed Appellant that if it had not received the transcript, it should contact the Court Administration within ten (10) days and copy the court and opposing counsel on correspondence. On June 10, 2020, Appellant responded to the court by sending written correspondence to the Clerk, informing that Appellant still had not received the missing parts of the transcript. Opposing counsel were copied on this correspondence via both hard copy and email. Appellant sent a separate letter to the Court Administration informing them of the same. On June 25, 2020, Appellant sent written correspondence to the Clerk of Court notifying that it was still missing part of the transcript. Since Appellant had noticed its February 10 letters to the Clerk and Court Administration were not online and had not been filed with the court, Appellant also sent another copy of the correspondence. Opposing counsel was copied on this correspondence.

On August 19, 2020, the court sent appellant a letter stating that the transcript should have been received and there was no information that the court reporter had been granted an extension. The court informed Appellant that if it had not received the transcript, it should

contact the Court Administration and copy the court and opposing counsel on correspondence. The court gave Appellant ten (10) days to advise. The next day, August 20, Appellant sent written correspondence to the Clerk of Court informing them that it still had not received the missing parts of the transcript. Appellant enclosed a copy of its June 10 letter that it had sent to the Court Administration. Appellant sent a separate letter to Court Administration notifying them of the fact that the full transcript was not received. Opposing counsel was copied on this correspondence.

On November 2, 2020, Appellant received another letter from the court advising that the Court reporter had not been given an extension and that it had not been notified that Appellant was still not in receipt of the full transcript. Appellant was told to contact the Court administration, copy the court and opposing counsel on correspondence, and advise within ten (10 days). Two days later, on November 4, Appellant sent the Office of Court Administration a letter advising that it still had not received the final transcript. Appellant further advised that the missing portions pertained to crucial pre-trial motions and that it had spoken with the court reporter several months ago who stated she was still attempting to locate this portion. Appellant sent a separate letter to the Clerk of Court. Opposing counsel were copied on this correspondence.

In all instances, Appellant has promptly notified all of the appropriate persons that it has still not received the complete transcript. Appellant has made numerous attempts to receive the missing parts, as it is absolutely imperative to filing its initial brief; without it, Appellant cannot fully and completely file its brief. Although Appellant has the burden in ordering the transcript, the court reporter also has a duty to timely furnish the transcript. Appellant has done absolutely everything in its power to retrieve the transcript. Hilda Jordan, the Court reporter for this case,

has since retired, but communication has been made with her, and she communicated that she was in the process of trying to locate the remainder of the transcript. Appellant has continued to update the Clerk of Court, Court Administration, the Trial Court, and opposing counsel by letting them know through written correspondence that Appellant still has not received the missing parts. Appellant has done all it can do on its end. Appellant has complied with all Orders and directives for the Court regarding the missing transcript. Appellant has not received any requests for extension of time regarding the missing transcript or any response from Court Administration. Since Appellant has followed all of the Rules governing ordering transcripts, the Motion to Dismiss should be denied.

2. APPELLANT HAS NOT FAILED TO COMPLY WITH THE RULE GOVERNING INITIAL BRIEFS.

Rule 208 governs initial briefs. Appellant's initial brief is due "[w]ithin thirty (30) days after receiving the transcript or, if no transcript is ordered, within thirty (30) days after serving the notice of appeal." 208(a)(1). "The brief shall contain references to the transcript, pleadings, orders, exhibits, or other materials which may be properly included in the Record on Appeal [see Rule 210(c)] to support the salient facts alleged. References shall also be made to where relevant objections and rulings occurred in the transcript. In the initial briefs, these references should be to the page and line number of the transcript prepared by the court reporter or by the page of the material to be referenced." 208(b)(4).

To date, Appellant still has not received the missing parts of the transcript, despite numerous attempts, as detailed above, to receive the same, including notifications to the Clerk and Court Administration as per the rules and court direction. Based on its February 10, 2020, Order, which put the case in abeyance, it is apparent that the court intended to establish a new deadline for brief and designation of matter once Appellant received the missing parts of the

transcript. Since the Appellant still has not received the transcript in its entirety, as Appellant ordered, the clock to file the initial brief should not have started running. As a matter of equity, it would not be equitable to dismiss Appellant's appeal, as it has followed all of the rules regarding ordering the transcript and timely notifying the Clerk of Court and Court Administration, as well as copying opposing counsel on all correspondence. Appellant has followed all of the rules and has done all it can do to obtain the complete transcript.

Moreover, the missing parts of the transcript, as the court has previously been informed, pertain to the Motions *in limine*, referenced on page 78 and 151 of the transcript, which are absolutely crucial to Appellant's initial brief. These Motions *in limine* pertain to the issues of the expert testimony of Monica Stobbs and photographs of the minor Respondent's hand. A copy of these Motions are attached to this response as exhibit.

Appellant's first Motion *in limine* was to exclude Monica Stobbs, RN from testifying as a medical expert in administering/managing pediatric IV therapy, as she was not qualified to testify to this subject matter.

Appellant's second Motion *in limine* was an objection, pursuant to Rule 403, to the introduction of photographs of injuries to the Respondent's right hand that were sustained when the Respondent was a one-month old infant.

Without the full transcript, complete with the transcription of the argument and rulings of these Motions *in limine*, Appellant cannot adequately prepare its brief and cannot refer to the transcript on these matters as required by 208(b)(4). Therefore, as it is impossible to prepare the initial brief without the complete transcript as requested, Respondent's Motion to Dismiss Appeal should not be granted on this ground.

## CONCLUSION

For the reasons stated, Appellant respectfully requests the Court to deny Respondent's Motion to Dismiss Appeal, and grant any further relief as made be just and proper. 6

Respectfully submitted,

November 12, 2020

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM ORANGEBURG COUNTY
Court of Common Pleas

Edgar W. Dickson, Circuit Court Judge

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Appellate Case No. 2019-001921

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Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen, ........................................................................ Respondent,

v.

The Regional Medical Center ........................................................................................Appellant.

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EXHIBITS TO APPELLANT'S RESPONSE

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| STATE OF SOUTH CAROLINA ) | IN THE CIRCUIT COURT |
| --- | --- |
| ) | FIRST JUDICIAL CIRCUIT |
| COUNTY OF ORANGEBURG ) | |
| Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee M., Jr., a minor child under the age of eighteen, ) | C/A No.: 2015-CP-38-01234 |
| Plaintiff, ) | |
| -vs- ) | **NOTICE OF MOTION AND MOTION IN LIMINE TO EXCLUDE MONICA STOBBS TESTIMONY** |
| Regional Medical Center ) | |
| Defendant. ) | |

Defendant, The Regional Medical Center, (hereinafter TRMC), by and through the undersigned, hereby states the following for TRMC's Motion in Limine:

1. The Plaintiff commenced this action alleging Medical Malpractice against the Defendant, TRMC. The matter is scheduled for a date certain trial on May 7, 2018. Defendant TRMCis moving pursuant to this Motion in Limine to exclude Monica Stobbs, RN from testifying as a medical expert in administering/managing pediatric IV therapy.

2. Monica Stobbs is not qualified to testify as to IV Therapy for pediatric patients. There is a clear distinction between treatment of adults and pediatric patients, particularly neonates and infants. Monica Stobbs testified to the fact she never cared for and managed any pediatric patient with a peripheral IV and did not research any treaties or other journals regarding the treatment of pediatric peripheral IV treatment. Her contention that IV management for

pediatric patients is the same for adults is simply not accurate and contrary to modern medicine and the literature. Monica Stobbs has never started an IV on a pediatric patient.

3. In order to qualify an expert they must have the "knowledge, skill, experience, training or education" in order to testify. SCRE 702. "To be competent to testify as an expert, 'a witness must have acquired by reason of study or experience or both such knowledge and skill in a profession or science that he is better qualified than the jury to form an opinion on the particular subject matter.'"*Gooding v. St. Francis Xavier Hosp.*, 326 S.C. 248, 253, 487 S.E.2d 596, 598 (quoting *O'Tuel v. Villani*, 318 S.C. 24, 28, 455 S.E.2d 698, 701 (Ct. App. 1995); *see also Botehlo v. Bycura*, 282 S.C. 578, 587, 320 S.E.2d 59, 65 (1984) (orthopedic surgeon was not qualified to testify on the standard of care for podatrist where orthopedic surgeon had no training in podiatry, was not familiar with any journals or periodicals in podiatry, and was not familier with the surgical procedure performed).

4. Ms. Stobb's expert opinion is premised on her belief that the standard of care for IV management is the same for pediatric patients as it is for adults. Stobbs Depo. pg. 13 ll. 13-18 (Exhibit 1). There is a clear distinction between IV management in adults than pediatric patients.[1] Veins in infants are "*obviously* smaller" and they can be "threadlike".[2] In Ms. Stobb's deposition she testified to the fact she never treated a pediatric patient with IV therapy indicating

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[1] The Infusion Nurses Society: In fusion Therapy in Clinical Practice, 2nd. eds Hankins J, Lonsway RA, Hedrick C and Perdue MB. Saunders, St. Louis, MO 2001, 561 "Children present a wide variety of physical characteristics different from those in adults. In addition, premature infants and newborns vary greatly from older children in their anatomy and physiology. These characteristics affect the ability of neonates and infants to cope with environmental stress and to manage the metabolism, absorption, distribution, and excretion of medications and solutions. Although body systems in infants and children are different from those in adults, for the purpose of this text, only those related to infusion therapy are addressed in detail." (Exhibit 5).

[2] *Id.* at 562 "The size of venous and arterial vessels in the infant and child are obviously smaller than those in the adult. Although the vessels are anatomically positioned in the same locations throughout life, their sometimes-threadlike characteristics and tendency to hide make them difficult to locate in the young patient." (Exhibit 6).

her lack of skill and experience in the subject matter. Stobbs Depo. pg. 13 ll. 9-24. She further testified she did not read any literature regarding the management of IV's in pediatric patients in preparing for this matter showing she lacks both knowledge and education. Stobbs Depo. pg. 26 ll. 15-24. (Exhibit 2). Her entire expert opinion is based on her speculative belief that pediatric patients are simply little adults. She stated "[t]aking care of an IV is an IV whether it's a baby or an adult." Stobbs Depo. pg. 13 ll. 15-16. And that the standard of care is the same, it is simply "nursing 101." Stobbs Depo. pg 26 ll. 17. She is under the belief that she "should get blood return from a vein whether it's a baby or whether it's an adult." Stobbs Depo. pg. 32 & 33 ll. 24-7 (Exhibits 3 & 4). This is directly contrary to the literature.[3] Because Ms. Stobbs lacks any experience, skill, training, knowledge, or education and her testimony is premised on her experience managing adult patients Ms. Stobbs is not qualified to give an expert opinion on IV therapy in pediatric patients, as she will not assist the jury as she is not qualified on the subject matter.

5. Similar to the facts in *Botehlo,* 282 S.C. 578, Ms. Stobbs, while a nurse, has not administered IV therapy or cared for a pediatric patient with IV therapy, similar to how the orthopedic surgeon was not familiar with the procedure performed by the podiatrist. Likewise, Ms. Stobbs has not reviewed any literature regarding IV therapy in pediatric patients, the same as the orthopedic surgeon not having reviewed any journals or periodicals for podiatry. *Id.* The only distinction is that here Ms. Stobbs is a nurse. Ms. Stobbs has not started or managed an IV on a pediatric patient. Using the requirements of the *Botehlo* case, Ms. Stobbs is not qualified to give an expert opinion on pediatric IV therapy. *Id.*

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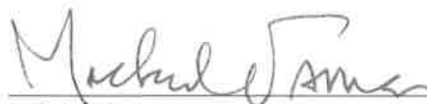
[3] *Id.* at 422 "Checking for a blood return, or backflow of blood, is not a reliable method for determining the absence of an infiltration. A blood return may not be present when small veins are used because they may not permit blood flow around the cannula; one may think the infusion has infiltrated when it has not." (Exhibit 7).

WHEREFORE, defendant the Regional Medical Center (TRMC) hereby prays this Court issue its Order granting its Motion in Limine excluding Monica Stobb's testimony as an expert.

MICHAEL C. TANNER, L.L.C.

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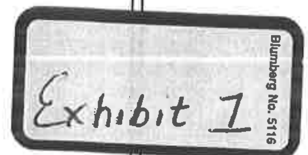
Bamberg, SC

May 1, 2018

1 Q. Was that certification thru the institution or to
2 the state?
3 A. Through, through Massachusetts General Hospital.
4 Q. So that was a facility certification?
5 A. Yes.
6 Q. How long was that program?
7 A. It was so many years ago. Maybe it was, it was
8 maybe over a week.
9 Q. And again, since you haven't had any clinical
10 pediatric nursing experience I presume you've never
11 started a pediatric IV?
12 A. No.
13 Q. Never cared for a pediatric patient with a
14 peripheral IV?
15 A. Taking care of an IV is an IV whether it's a baby
16 or an adult. It's the same principle in terms of
17 management of the actual IV and giving
18 administration of medication through it.
19 Q. All right. I appreciate the answer, but if you can
20 say yes or no and then you're free to say whatever
21 you want. So, my question was, I presume that you
22 have not taken care of a patient with a peripheral
23 IV that's pediatric?
24 A. I have not.
25 Q. Thank you. What is your hourly rate for your



1 Q. When we're talking about Ms. Hamilton and her
2 child, the medication that was administered was
3 what?
4 A. Ampicillin.
5 Q. All right. Is ampicillin a vesicant or
6 non-vesicant?
7 A. It's a vesicant.
8 Q. Okay. So for the purposes of your deposition in,
9 in, in the broad sense, when I ask you questions do
10 you want me to use extravasation or infiltration to
11 describe those events that occurred?
12 A. Either would work for this.
13 Q. Okay. So you think they are synonymous?
14 A. Yes.
15 Q. Have you done any literature research to come to
16 any of your thoughts in this case?
17 A. No, this is basically Nursing 101. There are many
18 articles that talk about policies and procedures
19 for giving IV medication or managing an IV site,
20 it's basic nursing 101 as well.
21 Q. So you are not relying on any literature in coming
22 to any of your thoughts; is that fair?
23 A. That's fair. There will be literature that
24 supports my opinions.
25 Q. But you haven't done a search, any sort of research

Exhibit 2

1 that there was any redness to the IV site?
2 A. No.
3 Q. Did you see at 4:04 that there was any
4 documentation of any signs and symptoms of
5 Phlebitis?
6 A. No.
7 Q. Did you see at 4:04 that there's any documentation
8 of any signs and symptoms of swelling?
9 A. No. I didn't see the 4:27 either.
10 Q. All right. How many times have you given a
11 peripheral IV to, with a 24 gauge needle to a
12 pediatric patient?
13 A. I've administered no medications IV to a pediatric
14 patient. I've administered thousands to adults.
15 Q. So the answer then would be none?
16 A. None to pediatric patients. Thousands to adult
17 patients.
18 Q. So, as you sit here today you can't tell me that
19 you could get blood return on an IV administered to
20 a pediatric patient with a 24 gauge needle --
21 A. A vein is --
22 Q. Let me finish. Because you have no experience in
23 doing that?
24 A. No. I'm not saying that period of vein is a vein.
25 You should get blood return from a vein whether

Exhibit 3

1 it's a baby or whether it's an adult. A vein is a
2 vein.
3 Q. Are you familiar with articles in the literature
4 that say it is difficult to impossible to get blood
5 return on the 24 gauge needle?
6 A. No. I have managed 24 gauge needles in adults and
7 you can get a blood return.
8 Q. Well you would agree with me to the care, the
9 management of an adult patient is different from a
10 pediatric patient wouldn't you?
11 A. The management of a vein is the management of the
12 vein whether it's an adult or whether it's a baby,
13 it's the same. The management of a vein is a vein.
14 Q. What is your definition of a vesicant?
15 A. It would be a medication or fluid that can cause a
16 burn like injury to the skin.
17 Q. Would you agree with me that signs and symptoms of
18 infiltration or extravasation, however you want to,
19 and for this question I'm using those terms
20 synonymously, often do not occur and are not always
21 obvious until a few hours after the patients IV
22 device has failed?
23 A. I disagree.
24 Q. All right. Tell me why?
25 A. Because when theres an infiltration of the vein and

Exhibit 4
Blumberg No. 5116

591



Chapter 30

# Intravenous Therapy in Children

Anne Marie Frey, BSN, CRNI*


ANATOMIC AND PHYSIOLOGIC DIFFERENCES IN CHILDREN
- Physiologic system development in children
- Body composition

PEDIATRIC DEVELOPMENTAL AND ASSESSMENT CONSIDERATIONS
- History
- Physical assessment

FLUID THERAPY
- Maintenance fluid requirements
- Replacement (deficit) therapy

FLUID-VOLUME DEFICIT
- Isotonic
- Hypotonic
- Hypertonic

OTHER INTRAVENOUS THERAPIES
- Medication administration
- Parenteral nutrition
- Transfusion therapy
- Exchange transfusion

PERIPHERAL ACCESS
- Site selection
- Peripheral sites
- Peripheral access devices
- Venipuncture
- Heparin locks versus saline locks
- Complications

CENTRAL ACCESS
- Central venous catheters

OTHER INTRAVASCULAR ROUTES
- Umbilical vein versus artery
- Intraosseous route

ADMINISTRATION EQUIPMENT
- Containers
- Administration sets
- Electronic monitoring devices

ALTERNATIVE-SITE INFUSION THERAPY
- Subacute care
- Home infusion therapy

SUMMARY


Starting and maintaining intravenous (IV) therapies in children poses unique challenges to the clinicians responsible for their care. Children are not only very different from adults, but they also display variations among their different age groups. These differences include physical, physiologic, developmental, cognitive, and emotional variables. When any type of infusion therapy is used in a child, a great responsibility is placed on the nurse. Accordingly, the nurse performing IV techniques in children should be highly skilled in the basic IV therapy applications and knowledgeable of the child's developmental stage. Most of the basic principles of safe administration of IV solutions and medications are the same, regardless of the patient's age. However, special considerations are necessary to safeguard the child undergoing these procedures; these measures include the need to calculate small doses and low infusion rates, to choose appropriate venipuncture sites and equipment, and to develop creative measures to distract curious little minds and hands.

This chapter focuses on the needs of children as they relate to infusion therapy and on the unique aspects of caring for children and their families.

## ANATOMIC AND PHYSIOLOGIC DIFFERENCES IN CHILDREN

Children present a wide variety of physical characteristics different from those in adults. In addition, premature infants and newborns vary greatly from older children in their anatomy and physiology. These characteristics affect the ability of neonates and infants to cope with environmental stresses and to manage the metabolism, absorption, distribution, and excretion of medications and solutions. Although body systems in infants and children are different from those in adults, for the purpose of this text, only those related to infusion therapy are addressed in detail.

The newborn's adjustment to extrauterine life is a complex physiologic process. The first 24 hours of life are the most critical as the newborn makes the respiratory and circulatory transition to extrauterine life. During this period, there is a much higher incidence of death than in the remainder of the neonatal period. All of the body systems undergo change after

*The author and editors wish to acknowledge the contributions made by Corinne Wheeler, an author of this chapter in the first edition of *Intravenous Nursing: Clinical Principles and Practice*.

birth, and most of them remain immature for a while. During infancy (birth to 12 months of age), physical and developmental changes occur more rapidly than during any other period. The infant's head and body grow very rapidly during this period, and major body systems undergo a progressive maturation process. In healthy infants, the birth weight is usually doubled at 6 months and tripled at 1 year. During infancy, certain critical developmental tasks that affect nursing care are mastered. However, each child has his or her own pace of development; no two children of the same age are at the same exact stage of development and maturation.

Biologic development in the toddler period (12 to 36 months) is less dramatic than during infancy. Body systems continue to mature, resulting in many children reaching full maturation by the end of the toddler period. Growth slows during this time. Birth weight is quadrupled by 30 months, and the height at age 3 years is generally about half the adult height. Head circumference growth slows, and chest circumference exceeds the size of both the head and the abdomen. The toddler is able to participate in an increased number of activities as a result of gross and fine motor skill advancement. In toddlers, IV connections must be taped and secured and equipment kept outside of the child's reach.

Early childhood (36 months to 6 years), also referred to as the *preschool period,* is a time of growth stabilization. The average annual weight gain is about 5 pounds (2.3 kg); the increase in height ranges from 2.5 to 3 inches (6.4 to 7.6 cm). Most of the height growth occurs in the legs, leading to a more slender physical appearance. The preschooler's more mature body system enables him or her to tolerate moderate physiologic stress. Skills mastered during the toddler period are refined during this time and include a rapidly developing ability to understand and use language. Expected levels of growth and development must be attained for the child to refine these skills in preparation for the next stage of childhood, school age.

The school-age period (6 to 12 years of age) is a time of gradual growth and development until the end of the period, sometimes referred to as *prepubescence.* The school-age child will grow an average of 2 inches (5 cm) and gain 4.5 to 6.5 pounds (2 to 3 kg) annually. Until prepubescence, there is little difference in size between males and females; toward the end of this stage, however, a growth spurt occurs. Girls first surpass boys in both height and weight. Body proportions approach adult measurements by the end of the school-age period.

Adolescence is the period of transition from childhood to young adulthood. This period is divided into three substages: early adolescence (11 to 13 years), middle adolescence (13 to 15 years), and late adolescence (15 years and older). The changes occurring during adolescence are primarily puberty, growth, and personality. The central nervous system is inundated with hormonal activity, and dramatic and obvious growth changes are noted in both boys and girls. Both sexes develop secondary sexual characteristics and grow larger. Less obvious is the maturation of the reproductive system. This stage is often turbulent for adolescents because they are on a constant emotional roller coaster, attempting to master the developmental tasks for adulthood.

## Physiologic system development in children

***Thermoregulation.*** The large surface area in relation volume, thin layer of subcutaneous fat, and unique method f producing heat predispose the neonate to excessive heat lo Measures must be taken to protect the newborn from hypoth mia during all aspects of care, including obtaining vascu access and site care. Unlike the adult, the chilled neonate dc not shiver but uses the mechanism of nonshivering therm genesis to increase heat production. In response to hyp thermia, norepinephrine is secreted by the sympathetic ner endings. This action stimulates the breakdown of brown to generate heat, allowing distribution of the heated blo through the body.

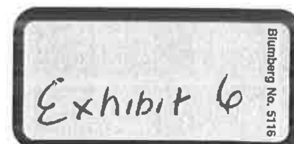
Increased metabolism as a response to hypothermia resu in higher oxygen and caloric requirements. A healthy infa can usually tolerate increased oxygen consumption; howev a sick infant is predisposed to cold stress and hypoglycem Cold stress begins as the infant requires an increase in oxyg and caloric consumption. The activation of norepinephri stimulates the metabolism, and anaerobic glycolysis resul The lactic acid produced by this process, combined with t acid end products of brown fat metabolism, can lead acidosis.[1]

This process of thermoregulation continues throughout t infant's first several months of life. During infancy, the chil ability to shiver increases. The older infant usually has acquir the benefit of insulation by the gradual growth of adipose tiss By early childhood, the skin is thicker, and the body has a high percentage of fat and a decreased surface area/volume rat these factors enable the preschooler to better cope with enviro mental cold.

The nurse performing such procedures as venipuncture an infant must maintain a neutral thermal environment for t infant to prevent the possibility of cold stress. A neutral thern environment is one that permits the infant to maintain a norn core temperature with minimum oxygen consumption a calorie expenditure. The neutral thermal environment f smaller infants is 35.4° plus or minus 0.5° C (95.7° plus minus 1° F) and for larger infants is 32.5° plus or minus 1.4° (90.5° plus or minus 2.5° F).[2]

To help infants stay warm, nurses can use radiant warmi panels, incubators, cotton blankets, and head coverings (e.g. piece of stockinet knotted at one end) and ensure that only t extremity of the IV insertion site is exposed. Blankets can warmed in warming units or in clean, unoccupied incubators. warming lamp, placed at the recommended safe distance fro the infant, can be used to prevent hypothermia if an infant mu be removed from a neutral thermal environment.

***Vessel size.*** The size of venous and arterial vessels in t infant and child are obviously smaller than those in the adu Although the vessels are anatomically positioned in the sar locations throughout life, their sometimes-threadlike characte istics and tendency to hide make them difficult to locate in t young patient. Applying heat to the extremity before performi venipuncture facilitates venous identification and cathet insertion.



***Patient assessment.*** A complete assessment of the patient, the IV site, the involved extremity, and the infusion system may be necessary to determine the presence of an infiltration. The site around the tip of the cannula and the extremity should be inspected for swelling, blanching, stretched skin, firm tissues, and coolness. It may be helpful to compare the site with the same area on the opposite extremity. If both extremities appear edematous, the patient's medical status should be evaluated. Patients with hemodynamic problems, such as congestive heart failure, toxic conditions, compromised kidney function, hypothermia, and vascular insufficiency, are particularly prone to vascular edema. The immobilized patient or the patient with muscular weakness or paralysis of an extremity may experience edema of the extremity that is totally unrelated to a problem at the IV site.

If an assessment of the involved extremity and the patient's medical status are inconclusive, pressure should be applied to the vein with a finger or tourniquet about 2 inches above the insertion site (it must be above the tip of the cannula). If the cannula is in the vein, this pressure will slow or stop the infusion rate. If the infusion continues despite the venous obstruction, an infiltration has occurred.

Checking for a blood return, or backflow of blood, is not a reliable method for determining the absence of an infiltration. A blood return may not be present when small veins are used because they may not permit blood flow around the cannula; one may think the infusion has infiltrated when it has not. In addition, veins that have had previous punctures or that are very fragile may seep fluid at a site above or below the vein cannula entry point; a blood return may be present, yet an infiltration is occurring. The movement of a cannula, such as in-and-out motions, can also cause the skin and the vein entry site to enlarge, allowing fluid to seep at the vein entry site, causing an infiltration.

***Nursing interventions.*** To prevent or minimize infiltration-associated problems (Box 24-3), it is imperative that the cannula be discontinued once an infiltration has been identified. The type of solution being infused should also be considered. If the solution is isotonic and has a normal pH, the patient may not feel much discomfort unless a large amount of fluid has infiltrated. In these cases, warm compresses, such as warm, moist towels or chemical packs, may help alleviate the discomfort and help absorb the infiltration by increasing circulation to the affected area. Sloughing can occur from the application of warm compresses to an area infiltrated with certain medications, such as potassium chloride. In these instances, the application of cold compresses is preferred.[4] Established policies and procedures should dictate the use of compresses. The involved extremity should be elevated to improve circulation and to help absorb infiltrated fluid.

If weeping of the tissues occurs because of an extensive infiltration or loose thin tissue, as is often present in the elderly, it may be necessary to apply a sterile dressing to the affected area. It is usually better to leave these areas open because the dressing necessitates the use of gauze and possibly tape, which can increase tissue damage. If a dressing is used, it should be applied loosely. Extreme care should be given to prevent infection. The physician should be notified and measures should be carried out as ordered. If an infusion is needed, a cannula is placed in the opposite extremity or in a site above and away from the previous site.

**Box 24-3 Effects of an Infiltration**

- Deprives the patient of the prescribed rate of medications and solutions essential for successful therapy
- Limits mobility of an extremity
- Limits availability of veins for therapy
- Causes tissue damage
- Causes unnecessary patient discomfort

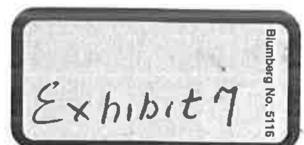
***Preventive measures.*** Not all infiltrations can be prevented, but adherence to certain measures can minimize their severity. Flexion areas should be avoided if possible. The cannula should be taped securely, and the site should be protected from excessive movement or pressure by use of an armboard and restraints. Restraints must be applied with extreme caution and within the guidelines established by JCAHO.[1] Restraints should be well padded and applied in a manner that will not cause nerve damage, constrict circulation, or cause pressure areas. They should be removed at frequent intervals and range-of-motion exercises performed. Inadequate or improper use of armboards or restraints can cause very serious complications; policies and procedures should be established to guide their use.

Patient education can be a key factor in the prevention and early recognition of the signs and symptoms of an infiltration. Patient knowledge about the care of the IV site and system can prevent activities that may cause an infiltration, such as manipulating the cannula, pulling on the tubing, picking at the dressing, and using the extremity excessively. A patient who knows what to look for can alert the nurse to the early signs of an infiltration, and immediate care can be rendered, thereby preventing the possibility of more-serious complications.

***Extravasation.*** *Extravasation* is the inadvertent administration of a vesicant solution or medication into the surrounding tissues. A vesicant solution is a solution or medication that causes the formation of blisters, with subsequent sloughing of tissues occurring from tissue necrosis (Fig. 24-3).

***Patient assessment.*** It is essential that an extravasation be noted early, before extensive fluid is allowed to infiltrate the interstitial tissues. A complete assessment of the patient, the IV site, the involved extremity, and the infusion system should be performed at regular intervals. The flow rate should never be increased to determine the infiltration of a vesicant, nor should a blood return be used as a reliable method to determine an infiltration. Fluid can seep into the tissues from a previous puncture site or around the vein insertion site and increase the potential for tissue necrosis (refer to Infiltration for the assessment process).

Initial indications that tissue sloughing may occur include pain or burning at the site with progression to erythema and edema. Tissue sloughing is usually apparent within 1 to 4 weeks because of tissue necrosis. Necrosis can involve a small or a large area, including underlying connective tissues, muscles, tendons, and bone, necessitating surgical intervention.



| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA<br><br>COUNTY OF ORANGEBURG | )<br>)<br>) | IN THE CIRCUIT COURT<br>FIRST JUDICIAL CIRCUIT |
| Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee M., Jr., a minor child under the age of eighteen,<br><br>Plaintiff,<br><br>-vs-<br><br>The Regional Medical Center<br><br>Defendants. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | C/A No.: 2015-CP-38-01234<br><br>**NOTICE OF MOTION AND MOTION IN LIMINE TO EXCLUDE PHOTOGRAPHS** |

Defendants, The Regional Medical Center, (hereinafter TRMC), by and through the undersigned, hereby states the following for TRMC's Motion in Limine:

1. The Plaintiff commenced this action alleging Medical Negligence against the Defendant, TRMC. The matter is scheduled for a date certain trial on May 7, 2018. Defendants are moving pursuant to this Motion in Limine to exclude photographs of the Plaintiff's injuries;

2. Rule 403 of the SCRE states, "[a]lthough relevant, evidence may be excluded if its probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues, or misleading the jury, or by considerations of undue delay, waste of time, or needless presentation of cumulative evidence." "A trial court has particularly wide discretion in ruling on Rule 403 objections." *Busillo v. City of North Charleston*, 404 S.C. 604, 610, 745 S.E.2d 142 (2013). "To constitute unfair prejudice, the photographs must create 'an undue tendency to suggest a decision on an improper basis, commonly, though not necessarily, an emotional one.'"

*State v. Holder*, 382 S.C. 278, 290, 676 S.E.2d, 690, 697 (2012) (quoting *State v. Jackson*, 364 S.C. 329, 334, 613 S.E.2d 374 (2005).

3. At trial, Plaintiff intends to introduce photographs of injuries to the Right hand of Plaintiff that were sustained while the plaintiff was a one-month old infant. The images are grotesque, close-up images of the infant's open wounds. These close-up images will create an undue tendency to suggest a decision on an emotional basis and are highly prejudicial to the defendant.

4. There is no scale in the pictures to reflect the actual size of the wound, and the close-up nature of the photos makes the wounds appear substantially larger than they are in reality. The images do not reflect the minor's hand currently, as the plaintiff's hand has healed with some scarring. Further, Plaintiff, Tekayah Hamilton is able to testify to the nature of the wound and have an expert to testify to the injury giving the alternative forms of evidence that are less prejudicial to the defendant. The probative value of these photographs of an open flesh wound are substantially outweighed by the prejudice defendants will face in these are introduced to the jury.

WHEREFORE, defendant The Regional Medical Center (TRMC) hereby prays this Court issue its Order granting its Motion in Limine excluding photographs of the minor's injuries.

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Bamberg, SC 29003
(803) 245-9153
Attorney for Defendants

Bamberg, SC
May 1, 2018

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Michael C. Tanner

Morgan R. Long*
*Of Counsel

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Fax: 844-269-8808

November 4, 2020

Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia. S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

Dear Ms. Kitchings:

Please treat this as a response to your letter of November 2, 2020. Enclosed, please find my prior correspondence of August 20, 2020, along with an additional letter advising Court Administration that I still have not received the transcript in this matter.

Enclosed, please find an additional copy of my letter to Court Administration advising that I still have not received the transcript. This will follow-up my letter to the Court of Appeals of March 16, 2020, June 10 and June 25, 2020.

Yours Truly,

Michael C. Tanner

MCT/ls
cc: Jonathan F. Krell, Esquire
David Williams, Esquire
S. C. Office of Court Administration

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Michael C. Tanner
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Morgan R. Long*
*Of Counsel

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November 4, 2020

South Carolina Office of Court Administration
1220 Senate Street
Suite 200
Columbia, SC 29201

RE: Tekayah Hamilton v. The Regional Medical Center
Appellate Case No.: 2019-001921

Dear Sir or Madam:

This will follow-up prior letter of August 20, 2020, advising that I still have not received the final transcript.

I am still missing a portion of the trial transcript in this matter which included all pre-trial Motions. Hilda M. Jordan was the Court reporter. In my last contact with her several months ago, she was still attempting to locate this portion of the transcript.

Please note that I cannot finalize my brief without the transcript.

Yours Truly,

Michael C. Tanner

MCT/ls
cc: Jonathan F. Krell, Esquire
David Williams, Esquire
S. C. Court of Appeals

MICHAEL C. TANNER, L. L. C.
ATTORNEYS AT LAW
Post Office Box 1061
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Bamberg, South Carolina
29003

RECEIVED
AUG 24 2020
SC Court of Appeals

Michael C. Tanner

Morgan R. Long*
*Of Counsel

803-245-9153
Fax: 844-269-8808

August 20, 2020

Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia, S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

Dear Ms. Kitchings:

Please treat this as a response to your letter of August 19, 2020. Enclosed, please find my prior correspondence of June 10, 2020, along with an additional letter advising Court Administration that I still have not received the transcript in this matter.

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Yours Truly,

Michael C. Tanner

MCT/bi
cc: Jonathan F. Krell, Esquire
David Williams, Esquire

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RECEIVED
AUG 24 2020
SC Court of Appeals

August 20, 2020

South Carolina Office of Court Administration
1220 Senate Street
Suite 200
Columbia, SC 29201

RE: Tekayah Hamilton v. The Regional Medical Center
Appellate Case No.: 2019-001921

Dear Sir or Madam:

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David Williams, Esquire

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June 25, 2020

RECEIVED
JUL 01 2020
SC Court of Appeals

Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia, S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

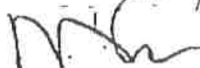
Dear Ms. Kitchings:

This is to follow-up on my prior letters regarding one missing portion of the transcript. As of this date, I still have not received the missing transcript sections.

Enclosed, please find copy of my letter to Court Administration on June 10, 2020, advising I have not received the missing transcript.

I have searched the S. C. Appellate Case Management System and do not find it there nor do I find where my letter of June 10, 2020, was filed.

Yours Truly,



Michael C. Tanner

MCT/ls
cc: Jonathan F. Krell, Esquire
David Williams, Esquire

MICHAEL C. TANNER, L. L. C.
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March 16, 2020

RECEIVED
MAR 19 2020
SC Court of Appeals

Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia, S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

Dear Ms. Kitchings:

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I thank you for your attention to this matter.

Yours Truly,

Michael C. Tanner

MCT/ls
cc: Jonathan F. Krell, Esquire
David Williams, Esquire

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June 10, 2020

RECEIVED
JUN 12 2020
SC Court of Appeals

Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia, S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

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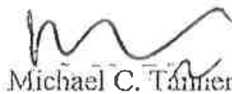
Yours Truly,



Michael C. Tanner

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cc: Jonathan F. Krell, Esquire
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June 10, 2020

RECEIVED
JUN 12 2020
SC Court of Appeals

South Carolina Office of Court Administration
1220 Senate Street
Suite 200
Columbia, SC 29201

RE: Tekayah Hamilton v. The Regional Medical Center
Appellate Case No.: 2019-001921

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Michael C. Tanner

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cc: Jonathan F. Krell, Esquire
David Williams, Esquire

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
Nov 12 2020
SC Court of Appeals

APPEAL FROM ORANGEBURG COUNTY
Court of Common Pleas

Edgar W. Dickson, Circuit Court Judge

Appellate Case No. 2019-001921

Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen, ............................................................. Respondent,

v.

The Regional Medical Center ..........................................................................................Appellant.

# PROOF OF SERVICE

I certify that I have served Appellant's Response to Respondent's Motion to Dismiss Appeal, have been served upon counsel for Appellant via electronic mail at the email address stated in the Attorney Information System as set forth below on November 12, 2020.

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David R. Williams
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URICCHIO HOWE KRELL JACOBSON TOPOREK & KEITT, PA
Jonathan F. Krell
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*s/Michael C. Tanner*
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RECEIVED
Nov 12 2020
SC Court of Appeals

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*Of Counsel

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Fax: 844-269-8808

November 12, 2020

(Via e-mail Court of Appeals Filings ctappfilings@sccourts.org and U. S. Mail)
Jenny Abbott Kitchings
Clerk of Court - Court of Appeals
1220 Senate St.
Columbia, S.C. 29201

RE: Tekayah Hamilton, individually and as parent and guardian ad litem for Robert Lee Middleton, Jr., a minor child under the age of eighteen v. The Regional Medical Center
Case No.: 2015-CP-38-01234
Appellate Case No.: 2019-001921

Dear Ms. Kitchings:

Attached for electronic filing and service in the above-referenced case is Appellant's Response to Respondent's Motion to Dismiss Appeal. All counsel of record are served by copy of this email.

Yours Truly,

Michael C. Tanner

MCT/ls
enclosure
cc: Kathleen C. Barnes, Esquire (via e-mail kbarnes@barneslawfirmsc.com)
Jonathan F. Krell, Esquire (via e-mail Jonathan@uricchio.com)
David Williams, Esquire (via e-mail david@williamsattys.com and williamsdr@williamsattys.com)