

# UCH announces a paediatric case

The following is issued on behalf of the Hospital Authority:

The spokesperson for United Christian Hospital (UCH) made the following announcement today (October 7) on a paediatric case:

A 50-day-old baby girl was brought to Accident and Emergency Department of United Christian Hospital (UCH) due to poor feeding and shortness of breath at 9.45am on October 5. The baby was admitted to General Paediatric Ward. After she was admitted, echocardiogram was performed and it showed enlarged heart, dilated left ventricle and severe mitral insufficiency. She was then transferred to Paediatric Intensive Care Unit (PICU) for further management immediately. Since initial diagnosis of congestive heart failure was made, patient was started on ventilator support and arterial line was set for blood pressure monitoring.

On the same day at around 11.40am, patient developed supraventricular tachycardia which resolved spontaneously. However, the baby girl developed supraventricular tachycardia again and her heart rate was noted to be reach 280 beats per minute at around 1pm. The doctor gave drug treatment intravenously but her situation persisted. So, the doctor performed direct current cardioversion and because the patient developed ventricular tachycardia and ventricular fibrillation, she was also treated with defibrillation and cardiopulmonary resuscitation. Sinus rhythm was returned after resuscitation. Endotracheal tube was inserted to assist patient's breathing.

Repeated echocardiogram was performed at 2.50pm and showed dilated left atrium and left ventricle, deterioration of contractility of left ventricle. Blood results showed that the patient's troponin T level was markedly elevated which were highly suggestive of myocarditis with severe heart failure and arrhythmias. The doctor consulted Department of Paediatric Cardiology of Queen Mary Hospital (QMH) at around 3pm for further management including the use of Extracorporeal Membrane Oxygenation (ECMO) machine. QMH agreed to take over the patient.

While pending hospital transfer, the patient developed another episode of arrhythmia including supraventricular tachycardia, ventricular tachycardia and ventricular fibrillation at around 3.30pm. The doctor immediately performed direct current cardioversion, defibrillation and drug treatment as well as cardiopulmonary resuscitation. After resuscitation and treatment, sinus rhythm was returned again. The patient was escorted by two doctors and two nurses to QMH at 4.54pm.

While the doctor reviewed the electrocardiography and defibrillation resuscitation records, it was noted that synchronisation mode was not turned on during direct current cardioversion although defibrillation procedures were carried out appropriately.

The hospital met with the patient's family today to explain the case in details and expressed our apology for not turning on the synchronisation mode during direct current cardioversion. The hospital is very concerned about this case and will keep close contact with patient's family and provide them with all the necessary assistance. The patient is currently in the ICU of Department of Paediatric Cardiology of QMH. She is put on ECMO machine and now in critical condition.

The hospital has reported the incident to Hospital Authority Head Office via the Advance Incident Reporting System. An investigation panel will be formed to review the case and give recommendations.