

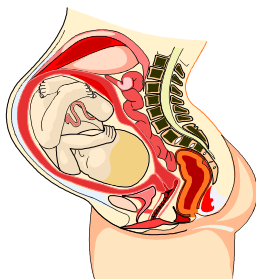
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A Complimentary Publication

## Newborn Brain Injury Update

A report was issued January 31, 2003 by the “American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) that concludes that the majority of newborn brain injury cases do not occur during the labor and delivery.” In most of these cases, injury occurs before labor begins.

The report, “Neonatal Encephalopathy and Cerebral Palsy: Defining the Pathogenesis and Pathophysiology”, gives evidence that the vast majority of these cases originate from development or metabolic disorders, autoimmune and coagulation defects, infection, trauma or a combination of these factors. The report received the endorsement of six organizations including the National Institute of Child Health and Human Development of the National Institute of Health and the Center for Disease Control and Prevention.



According to this report, the criteria to define and evaluate the probability that encephalopathy and cerebral palsy were a result of actions of labor are:


- Evidence of a metabolic acidosis in fetal umbilical cord arterial blood obtained at delivery (pH <7 and base deficit =12 mmol/L)
- Early onset of severe or moderate neonatal encephalopathy in infants born at 34 or more weeks of gestation
- Cerebral palsy of the spastic quadriplegic or dyskinetic type
- Exclusion of other identifiable etiologies such as trauma, coagulation disorders, infectious conditions, or genetic disorders

Criteria that collectively suggest an intrapartum timing (within close proximity to labor and delivery, e.g., 0-48 hours) but are nonspecific to asphyxia:

- A sentinel (signal) hypoxic event occurring immediately before or during labor
- A sudden and sustained fetal bradycardia or the absence of fetal heart rate variability in the presence of persistent, late, or variable decelerations, usually after a hypoxic sentinel event when the pattern was previously normal
- Apgar scores of 0-3 beyond 5 minutes
- Onset of multisystem involvement within 72 hours of birth
- Early imaging study showing evidence of acute nonfocal cerebral abnormality

This report goes on to state that “we now know that less than 10% of cases of neurologic impairment in newborns are the result of events occurring in labor and, of these, the majority were not preventable.”

To view the executive summary or purchase this report, go to [http://www.acog.org/from\\_home/Misc/neonatalEncephalopathy.cfm](http://www.acog.org/from_home/Misc/neonatalEncephalopathy.cfm)



**Don't wait  
until you get  
to the end of  
your rope to  
give us a call!**

## Leading Medication Errors in ERs

Since 1998, there have been more than 360,000 medication errors reported to national databases of United States Pharmacopeia (USP).

In 2001, hospitals reported more than 2,000 Emergency Department-related medication errors, accounting for 2% of the total errors. Although most of these errors were caught before causing harm to the patient, 147 or 7.6 % of the total errors did result in injury to the patient.

The errors occurring most frequently in the ER were:

- **Prescribing Errors** - failure to prescribe or authorize the correct medication through verbal or written communication
- **Omission Errors** - failure to administer a prescribed medication
- **Improper Dosage Errors** - failure to correctly calculate or administer the proper dosage ordered.



### What you can do (when you are a patient) to assist in reducing errors in the emergency room:

- Carry an up-to-date list of all medications (prescription, over-the-counter) and dietary supplements, including full name and dosages.
- Make sure you convey your allergies including drug names and types of reactions.
- Make sure you ask the ER personnel the name and purpose of each medication you are given.
- Make sure your primary physician is aware of any test results or necessary follow-up visits, as well as any medications administered while in the ER. ♦

Source: [www.usp.org](http://www.usp.org)

## New Test for Detection of Heart Attacks

In February 2003, the FDA approved a new laboratory blood test that will significantly increase the ability of emergency room physicians to rule out a heart attack. An estimated 3-5 million Americans are seen in the ER each year for symptoms of a heart attack. Only about 22 % of these actually have a heart attack.

The test, the Albumin Cobalt Binding (ACB) test, manufactured by Ischemia Technologies, Inc. in Colorado, works by measuring how much cobalt is bound to the blood protein albumin. Changes in the structure of albumin occur in several illnesses, including heart attacks.

The ACB test is not a stand-alone test but must be used together with an EKG and a blood test for troponin. A normal ACB test with a normal EKG and troponin gives the physician greater confidence that patients can be sent home because they have not had a heart attack. These 3 tests together are 70% accurate for ruling out a heart attack, whereas an EKG and troponin by themselves were only 50% accurate.

Source: *FDA Talk Papers found at [www.fda.gov](http://www.fda.gov)*

**Quotable:** “The only limit to our realization of tomorrow will be our doubts of today.” FDR

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