

## REACH Consult Note

Nikki Curtis

Medical Record 1150101

Consult Doctor: Janet Squires, MD

Consult Date 2/1/02

DOB: Admitted as 1/1/99 but may be 10/20/99

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As a doctor of the REACH Program (Child Abuse) at Children's Medical Center of Dallas, I have evaluated Nikki Curtis on 2/1/02. She is an approximately 2 <sup>1/2</sup> year old white female who is an ICU patient, intubated and on full life support systems. I have reviewed her medical records. I have reviewed her available x-rays. I have spoken with the ICU staff. On 2/1/02, I spoke with the maternal grandparents in the patient's room.

Records show that the child presented to the Palestine Medical Center ER on Thursday 1/31/02 at 10:26 AM with the chief complaint of "loss of consciousness." The child was intubated and arrangements were made to transfer to Children's Medical Center of Dallas. A head CT was obtained in the original ER, and the diagnosis of head trauma was made. She arrived at Children's Medical Center of Dallas at 1547.

Maternal grandparents told me that they were the child's guardians until November of last year when the father became her guardian. They took care of this child on Wednesday 1/30/02 and she was totally well. She was last seen well by them at 10:00 PM. Maternal grandmother said she was called by Nikki's father about 10:30 on Thursday morning to say he was in the ER and that the child had fallen off the bed and become unconscious.

The medical findings are as follows:

1. On exam she is an appropriately grown and well-nourished appearing white female. She is totally unconscious and unresponsive, and on full ventilatory support. She has a cervical collar in place. (Grandparents told me there was a bruise on her chin and cheek which I can not see because of the ET tape and collar). There is a very small amount of bruising to the left forehead. There is no other significant major scars or bruises on the body.
2. The anal exam shows a slightly red and patulous anus (child is unconscious). There is a small laceration at nine o'clock. There is no significant bruising.
3. Head CT from Palestine ER taken 1/31/02: (one view sheet is missing, presumably in Neurosurgery) there are no obvious fractures, but a large amount of soft tissue swelling over the scalp in the right posterior aspect. The brain is very abnormal. There is fresh blood seen over the of the brain and between the hemispheres of the brain. The entire right side of the brain is abnormal with the "blackened" appearance, showing major infarcted areas. There is considerable amount of pressure changes with the right side of the brain and shifting across the midline.
4. Eye exam: Ophthalmology report bi-lateral retinal hemorrhages. These are very obvious on my exam, there is extensive bi-lateral retinal hemorrhages.
5. Skeletal survey: pending

From a medical standpoint the following can be said:

- i. At the time of this dictation it is unlikely that the child will live. Her diagnosis is massive brain injury. The only reasonable explanation is trauma. The medical findings fit a picture of shaken impact syndrome. There was some flinging or shaking component which resulted in subdural hemorrhaging and diffuse brain injury. There was also an area of impact in the right back of the head.

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2. After the trauma event, the child would have been very abnormal. If the child was well at 10:30 PM on 1/30/02, it can be said that the trauma event occurred after this time period.
3. The medical findings are not consistent with the history of a fall from a bed.
4. There is a small laceration around the anus, which could be the result of external trauma but can also be seen in children with difficult bowel movements. I can not make a definitive diagnosis of child sexual abuse.

In my medical opinion, this child has been the victim of child physical abuse. This child is expected to die from major external brain injury and there is no history provided which would be a reasonable medical explanation.

Massive rotational forces were the likely mechanism to cause this brain injury, and the pattern is indicative of a shaken impact syndrome. It is very likely that the child will die of inflicted injuries and police and CPS involvement is strongly indicated.

My name is Janet Squires M.D. I am the Associate Professor of Pediatrics in the Department of Pediatrics at The University of Texas Southwestern Medical Center at Dallas. I am Director of general pediatrics at Children's Medical Center of Dallas and the physician administration director of the REACH (child maltreatment) program at Children's Medical Center of Dallas. I have been a physician with responsibility within the REACH program since 1992.

A Notary Public in and for said county, State of Texas, on this day personally appeared Janet Squires, M.D., Pediatrician working at Children's Medical Center of Dallas, faculty member of The University of Texas Southwestern Medical Center at Dallas, who, after being by me duly sworn, on oath deposes and says: The above statement is my medical assessment.

I HAVE PERSONAL KNOWLEDGE OF THE ABOVE AND I SWEAR IT IS TRUE AND CORRECT.

Janet Squires MD  
AFFIANT

SUBSCRIBED AND SWORN BEFORE ME THIS 1<sup>st</sup> DAY OF February A.D. 2002.

Emilie Fay  
NOTARY PUBLIC in and for Texas

