

# SAMPLE VACCINE CASE MEDICAL SUMMARY

**L.C.**

Federal Claim: 00-0000V 8.4.00

DOB: 10.28.97

Civil Claim: 2003CVQ000000-D2 6.30.00

Parents: Steve and Linda

Diagnosis: 7.31.01 – PDD

Treating physicians: Dr A.R. - Pediatrician  
Dr P.H. – Psychiatrist  
Dr H.C. - Pediatrician  
Dr S.C. – Pediatrician  
Dr R.V. - Cardiologist

## TIMELINE SUMMARY

- 10/28/97 L.C. was one of a set of twins, born by Caesarean section and was preterm at 35.5 weeks gestation. His weight was 5lbs, 6 oz., length 17.5 inches and head 32 cm. Apgar scores 9/9. Admission orders notes his condition as “good.” He discharged home on 10/30/97. (EX02 Part A, pgs. 7, 15, 16)
- 11/4/97 Visit to Dr C, pediatrician, for newborn check. Notes show he has a mole – probably a “port wine stain” and jaundice from high bilirubin. [a common condition from birth.] (EX05, p 47)
- 11/12/97 2 week check. “Normal physical exam.” (EX05, p 46)
- 1/8/98 2 month check. Heart murmur noted. Consult to cardiologist, Dr V. **DtaP, OPV, Hib, HBV #1.** He was seen that same day by Dr V. and he felt this was just a functional murmur and that there was no underlying cardiac pathology. (EX05, p 46, 56; EX01 p 1, 2)
- 3/2/98 4 month check. “Normal physical exam.” **DtaP, OPV, Hib, HBV #2.** (EX05, p 46; EX01 p 1-2)
- 4/23/98 Follow-up to Dr V., cardiologist, and there was no further problems. He was dismissed from his care. (EX05, p 55)
- 5/13/98 6 month check. “Normal physical exam.” **DtaP, OPV .** (EX05, p 45; EX01 p 1, 2)
- 5/20/98 Clinic visit for diarrhea. (EX05, p 45)
- 7/2/98 Clinic visit for tonsillitis. (EX05, p 45)
- 8/10/98 9 month check. “Normal physical exam.” (EX05, p 49)
- 1/13/99 New pediatrician, Dr C. Clinic visit for cough and 1 year check. “Normal physical exam.” **HBV #3, MMR, PPD.** (EX05, p 43; EX01 p 1,2)
- 4/12/99 Visit for check up and vaccinations. **DTaP, Hib.** (EX05, p 43; EX01 p 1, 2)

## L.C.

Report Date: November 19, 2008

Prepared by Linda Cain, RN, CLNC

### SUMMARY

This case was dismissed by the court solely due to the mother's report that L. C. had language delay at 2 years of age. This is strictly a parental concern and must be validated by a healthcare professional which was not done until the psychiatric evaluation by Dr. H. on 7/31/01 (based on the records we currently have.) As discussed before, language delay alone is not indicative of a pervasive development disorder. In PDD, there is impairment in several areas of development. Dr H. describes L. C.'s communication problem in a general term of "language delay." According to the DSM-IV-TR manual, two common communication disorders are expressive language disorder and mixed receptive/expressive disorder. These disorders are not diagnosed if the "criteria are met for Autistic Disorder or another Pervasive Development Disorder." For Expressive Language Disorder it further elaborates that "Autistic Disorder also involves expressive language impairment but may be distinguished from Expressive and Mixed Receptive-Expressive Language Disorders by the characteristics of the communication impairment *and* by the presence of a qualitative impairment in social interaction and restricted, repetitive, and stereotyped patterns of behavior." <sup>1</sup>

The court also noted that not all records for well child care were filed. Indeed, pediatric records are not available between 11/99 and 4/06. We need to try to obtain these pediatric records as well as therapy and school records in order to determine the specific language disorder he was diagnosed with. According to the records we have on hand, his symptoms for PDD were not actually documented until July 2001 which is well within the SOL.

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<sup>1</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.