

DEC 18, 2024 10:46 AM

Robin C. Bishop
Robin C. Bishop, Clerk of State Court
Cobb County, Georgia

IN THE STATE COURT OF COBB COUNTY
STATE OF GEORGIA

DONALD H. HUIZER, JR.
and JULIE HUIZER,

Plaintiffs,

v.

PIEDMONT HEALTHCARE, INC.,
AYA HEALTHCARE SERVICES, INC.,
LANESIA KIERRA MARTIN, RN,
and JOHN DOES 1-5,

Defendants.

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CIVIL ACTION FILE
NO. _____

JURY TRIAL DEMANDED

COMPLAINT FOR DAMAGES

Plaintiffs bring this lawsuit to recover damages from those whose negligence caused their injuries.

PARTIES, JURISDICTION AND VENUE

1.

The Plaintiffs are Donald H. “Don” Huizer, Jr. and his wife Julie Huizer (collectively as “Plaintiffs”).



Don and Julie Huizer have been married since 1991 and reside in Suwanee, Georgia. They have three daughters.



By filing this lawsuit, Don and Julie Huizer submit to the jurisdiction of this Court and to venue in Cobb County.

2.

Defendant Piedmont Healthcare, Inc. (“PHI”) is a domestic corporation that owns and operates Piedmont Hospital Atlanta. PHI can be served through its registered agent, CSC of Cobb County, Inc. at 192 Anderson Street, NE, Suite 125, Marietta, Cobb County, Georgia 30060.

3.

Defendant Aya Healthcare Services, Inc. (“Aya Healthcare”) is a nurse staffing corporation that is incorporated in Delaware and operates for profit in Georgia and elsewhere. Aya Healthcare can be served through its registered agent,

Legalinc Corporate Services, Inc., at 1870 The Exchange, Suite 200 # 44, Atlanta, Cobb County, Georgia 30339.

4.

Defendant Lanesia Kierra Martin, RN (“Martin”)¹ is a registered nurse who resides at 513 Old Mitylene Lane, Montgomery, Alabama 36117 and can be personally served at that address.

5.

Defendants John Does 1-5 are presently unknown entities and/or persons whose negligent acts and/or omissions caused, or contributed to cause, Plaintiffs’ injuries and damages.

6.

Jurisdiction is proper in state court.

7.

Venue is proper in Cobb County.

FACTS

8.

Plaintiffs reassert the preceding paragraphs as if fully restated here.

9.

Don Huizer had heart surgery at Piedmont Atlanta Hospital on August 9, 2023.

¹ PHI, Aya Healthcare, and Martin are referred to collectively as “Defendants.”

10.

Levophed, which is a brand name for the generic drug Norepinephrine,² is a vaso-active intravenous (“IV”) blood pressure medication that Don Huizer received during and after heart surgery.

11.

Levophed is classified as a “High Alert Medication” because of the heightened risk of causing significant harm to patients when used in error.

12.

Levophed was administered to Don Huizer post-operatively through an IV infusion pump.

13.

IV infusion pumps are important patient safety devices that, when used properly, substantially reduce medication errors.

14.

Martin was one of the nurses who PHI assigned to care for Don Huizer after surgery.

15.

According to the medical chart, the Levophed IV was “Stopped” as of 12:06 a.m. on August 10, 2023 and then “Discontinued” at 11:05 a.m. the same day.

² Levophed and Norepinephrine are referred to interchangeably here as “Levophed.”

16.

Instead of completely disconnecting the Levophed IV from Don Huizer, a nurse or nurses at Piedmont Atlanta Hospital just clamped the IV line, removed it from the safety precautions that are built into the IV infusion pump, and left the bag of Levophed hanging on the IV stand with Mr. Huizer's active medications.

17.

For reasons that are presently unknown, Nurse Martin unclamped the Levophed IV between 10:30 p.m. and 11:00 p.m. on August 10, 2023, which allowed that medication to "free flow" into Don Huizer.

18.

There was no justification for Nurse Martin to unclamp the Levophed IV.

19.

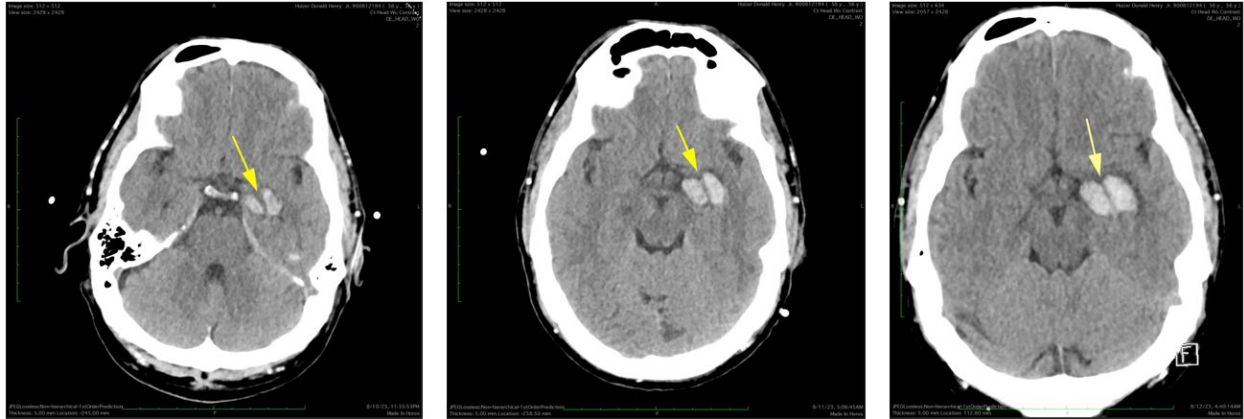
There was no justification for Nurse Martin to administer Levophed to Don Huizer.

20.

Moments after Nurse Martin opened up the valve allowing the vaso-active medication to flow freely into Don Huizer's blood stream, his systolic blood pressure spiked to approximately 300, and he immediately developed a severe headache.

21.

CT scans of Don Huizer's brain reveal a hemorrhagic stroke most likely caused by the high-dose infusion of Levophed:



22.

As a result of the stroke caused by Defendants' negligence, Don Huizer has suffered permanent brain damage that has dramatically altered his personality, his cognitive function, and his speech patterns.

RESPONDEAT SUPERIOR ALLEGATIONS

23.

Plaintiffs reassert the preceding paragraphs as if fully restated here.

24.

At all times relevant to the allegations in this Complaint, Nurse Martin was an agent of PHI, acting within the course and scope of her agency relationship while providing nursing care at Piedmont Hospital Atlanta.

25.

At all times relevant to the allegations in this Complaint, and upon information and belief, Nurse Martin was an employee of Aya Healthcare, acting within the course and scope of her employment while providing nursing care to Don Huizer at Piedmont Hospital Atlanta.

COUNT ONE – ADMINISTRATIVE NEGLIGENCE
(PHI)

26.

Plaintiffs reassert the preceding paragraphs as if fully restated here.

27.

PHI manages Piedmont Atlanta Hospital.

28.

The leadership, management, and administrative roles at Piedmont Atlanta Hospital do not require professional licensure as a healthcare provider by the State of Georgia.

29.

Multiple members of the Board of Directors of PHI are not licensed healthcare providers.

30.

Multiple members of the senior management/administration of PHI are not licensed healthcare providers.

31.

PHI owed its patients at Piedmont Atlanta Hospital a duty of ordinary care to manage the healthcare services at the hospital in a manner designed to safeguard patients against medication errors.

32.

PHI, through its leaders, managers, and administrators, breached that duty, by failing to implement policies, procedures, practices, and protocols sufficient to safeguard patients against medication errors.

33.

The confounding medication errors by a nurse or nurses at Piedmont Hospital Atlanta and Nurse Martin reveal and exemplify PHI's system failures.

34.

The system failures by PHI caused or contributed to Don Huizer's injuries and Julie Huizer's resulting loss of consortium.

COUNT TWO – PROFESSIONAL NEGLIGENCE

(PHI, Aya Healthcare, and Martin)

35.

Plaintiffs reassert the preceding paragraphs as if fully restated here.

36.

PHI and Aya Healthcare owed a duty to Don Huizer to provide him with nursing services consistent with the degree of care and skill ordinarily employed by nurses generally under similar conditions and like surrounding circumstances.

37.

The standard of care in August 2023 for nurses when administering medications to patients was to confirm that the right patient receives the right medication, at the right dose, through the right route, at the right time, with the right documentation, and the right response.

38.

Nurse Martin and the other nurses at Piedmont Atlanta Hospital who were responsible for Don Huizer's care (collectively "the Nurses") were negligent and breached their duty to Don Huizer by administering Levophed to him through a "free flowing" IV and otherwise mismanaging the IV medication.

39.

The Nurses' negligent acts and omissions were causes of Don Huizer's injuries and Julie Huizer's corresponding loss of consortium.

40.

The Nurses are liable to Don Huizer for the injuries they caused and to Julie Huizer for her corresponding loss of consortium.

41.

PHI is vicariously liable to Don Huizer for the injuries the Nurses caused and to Julie Huizer for her corresponding loss of consortium.

42.

AYA Healthcare is vicariously liable to Don Huizer for the injuries Martin caused and to Julie Huizer for her corresponding loss of consortium.

43.

In compliance with O.C.G.A. §§ 9-11-9.1 and 24-7-702, Plaintiffs have attached the expert Affidavit of Nancy Amaral, BSN, CCRN as Exhibit A.

COUNT THREE – PUNITIVE DAMAGES

(PHI, Aya Healthcare, and Martin)

44.

Plaintiffs incorporate the preceding paragraphs as if fully restated here.

45.

Overdosing Don Huizer with a “High Alert Medication” that was supposed to have been discontinued more than 11 hours earlier shows wantonness or that entire want of care by Defendants, which raises the presumption of conscious indifference to consequences.

46.

Punitive damages are justified under the circumstances of this case to deter Defendants from repeating similar acts and omissions in the future.

COUNT FOUR – EXPENSES OF LITIGATION

(PHI, Aya Healthcare, and Martin)

47.

Plaintiffs incorporate the preceding paragraphs as if fully restated here.

48.

Plaintiffs show that Defendants have acted in bad faith, have been stubbornly litigious, and have caused Plaintiffs unnecessary trouble and expense, thereby entitling Plaintiffs to their expenses of litigation, including reasonable attorneys’ fees, in an amount to be determined at trial.

DAMAGES

49.

Plaintiffs incorporate the preceding paragraphs as if fully restated here.

50.

Don Huizer has incurred special damages including past and future medical expenses as a direct and proximate result of Defendants' negligence.

51.

Don Huizer has endured, and will continue to endure, pain and suffering, mental anguish, emotional distress, loss of the capacity for the enjoyment of life, and other general damages as a direct and proximate result of Defendants' negligence.

52.

Julie Huizer has been, and will continue to be, deprived of the society, companionship, love, affection, sexual relations, aid, household labor, cooperation, comfort, and other matters of value arising from over three decades of marriage to Don Huizer as a direct and proximate result of Defendants' negligence.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray for the following relief:

- (a) that Defendants appear and answer this Complaint;
- (b) that Plaintiffs have a trial by jury;
- (c) that judgment be entered in Plaintiffs' favor against some or all Defendants in an amount in excess of \$10,000.00;

- (d) that Plaintiffs recover punitive damages;
- (e) that Plaintiffs recover their expenses of litigation, including reasonable attorneys' fees;
- (f) that all costs be taxed against some or all Defendants; and
- (g) for such further relief as the Court deems fair and appropriate.

Respectfully submitted, this the 18th day of December, 2024.

BELL LAW FIRM, PC

/s/ Lloyd N. Bell

Lloyd N. Bell

Georgia Bar No. 048800

Counsel for Plaintiffs

1201 Peachtree Street, NE – Suite 2000

Atlanta, Georgia 30361

Phone: (404) 249-6768

Email: bell@belllawfirm.com

ILARDI LAW, LLC

/s/ Frank A. Ilardi

Frank A. Ilardi

Georgia Bar No. 382028

Co-Counsel for Plaintiffs

1201 Peachtree Street, NE – Suite 2000

Atlanta, Georgia 30361

Phone/Fax: (470) 443-9060

Email: frank@ilawgeorgia.com

EXHIBIT A

**STATE OF FLORIDA
COUNTY OF INDIAN RIVER**

AFFIDAVIT OF NANCY AMARAL, BSN, CCRN

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, NANCY AMARAL, BSN, CCRN, who after first being duly sworn, states as follows:

Introduction

1. This Affidavit addresses nursing negligence that occurred while Donald Henry Huizer, Jr. was a patient at Piedmont Atlanta Hospital on or about August 10, 2023.
2. This Affidavit is provided for the limited purpose of satisfying the requirements of Georgia statute O.C.G.A. § 9-11-9.1.
3. I have not attempted to list all of my observations and standard of care violations. I also have not attempted to anticipate or address issues the defense might raise or that otherwise might arise as the case unfolds.
4. I use the phrase “standard of care” as I understand it to be defined under Georgia law, meaning that degree of care and skill ordinarily exercised by members of the nursing profession generally under the same or similar circumstances and like surrounding conditions.
5. I hold all the opinions expressed below to a reasonable degree of medical certainty — that is, more likely than not.
6. If additional information becomes available later, my views may change.

Qualifications

7. I am over 18 years of age and suffer from no legal disabilities.
8. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under O.C.G.A. § 24-7-702. My *curriculum vitae* is attached and incorporated by reference.
9. I understand the events at issue here occurred in August 2023.
10. I am qualified to provide expert testimony pursuant to O.C.G.A. § 24-7-702.

That is:

- a. In August 2023, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession. Specifically, I have been licensed by the State of Florida as a registered nurse since 2006.
- b. In August 2023, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the tasks identified below on which I offer standard of care opinions.

I had this knowledge and experience as the result of having been regularly engaged in the active practice of these areas of specialty of my profession for at least three of the five years prior to August 2023, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I am a registered nurse who has worked in a critical unit since 1989, averaging approximately 144 shifts per year. During every shift, my responsibilities included starting, stopping, administering, and monitoring intravenous (“IV”) medications through gravity fed tubes and infusion pumps to patients who recently had surgery. More specifically, during each of those shifts, I estimate that I cared for at least one patient who was receiving vaso-active medications such as Norepinephrine / Levophed at issue in this case.

Evidence Considered

11. I reviewed medical records from Piedmont Atlanta Hospital to Donald H. Huizer, Jr. that are numbered PAH 00001 through PAH 16352.

Principal Opinions

12. My principal opinions are summarized here. In deposition or trial testimony I may elaborate, and in doing so I may offer related, subsidiary, or incidental opinions.

i. Task: Administering Norepinephrine / Levophed.

Requirement: The standard of care requires nurses who administer Norepinephrine / Levophed, or any medication, to confirm that the right patient receives the right medication, at the right dose, through the right route, at the right time, with the right documentation, and the right response. This is often referred to as “The Rights of Medication Administration.”

Violations: The hospital chart shows that the Norepinephrine / Levophed IV that was ordered on August 9, 2023 was “Stopped” as of 12:06 a.m. on August 10, 2023:

norepinephrine (LEVOPHED) 4 mg in sodium chloride 0.9% 250 mL infusion [879438691]				
Ordering Provider: Mallory Catali, PA		Status: Discontinued (Past End Date/Time), Reason: Therapy Completed		
Ordered On: 08/09/23 1438		Starts/Ends: 08/09/23 1445 - 08/10/23 1105		
Ordered Dose (Remaining/Total): 0.01-1 mcg/kg/min (—/—)		Route: Intravenous		
Frequency: Continuous		Ordered Rate/Order Duration: 3.2-317.3 mL/hr / —		
Admin Instructions: The initial number in the dose represents the starting rate unless otherwise directed by provider and the second number represents the maximum rate. Titrate by 0.05 mcg/kg/min every 5 minutes to achieve MAP goal.		***** HIGH ALERT MEDICATION *****		
Question	Answer	Comment		
Titrate Medication:	Yes	—		
Maintain:	MAP >	—		
Value:	65	—		
UOM:	mmHg	—		
Notify MD if parameter to maintain is not met and max dose is reached:	Yes	—		
Timestamps	Action	Dose / Rate	Route	Other Information
08/10/23 0006	Stopped	0 mcg/kg/min 0 mL/hr	Intravenous	Performed by: Eboni D Burroughs, RN
08/10/23 0000	Rate/Dose Verify	0.02 mcg/kg/min 6.3 mL/hr	Intravenous	Performed by: Eboni D Burroughs, RN

(PAH 00506) and then “Discontinued” at 11:05 a.m. the same day:

norepinephrine (LEVOPHED) 4 mg in sodium chloride 0.9% 250 mL infusion [879438691]	
Electronically signed by: Mallory Catali, PA on 08/09/23 1100	Status: Discontinued
Ordering user: Mallory Catali, PA 08/09/23 1100	Ordering provider: Mallory Catali, PA
Authorized by: Sagar Damle, MD	Ordered during: Admission (Discharged) on 08/07/2023
Additional signing events	
Electronically signed by Sagar Damle, MD 08/13/23 0928, for Discontinuing in Per protocol: cosign required mode, Communicator - Heather W Powell, PharmD	
Frequency: Routine Continuous 08/09/23 1445 - 08/10/23 1105	Released by: Dieu Hoang, RN 08/09/23 1438
Discontinued by: Heather W Powell, PharmD 08/10/23 1105 [Therapy Completed]	
Questionnaire	Answer
Titrate Medication	Yes
Maintain	MAP >
Value	65
UOM	mmHg
Notify MD if parameter to maintain is not met and max dose is reached	Yes

(PAH 00138). Instead of completely disconnecting the Norepinephrine / Levophed IV from Don Huizer, a nurse or nurses at Piedmont Atlanta Hospital just clamped the IV line, removed it from the IV infusion pump, and left the bag of Norepinephrine / Levophed hanging on the IV stand with Mr. Huizer’s active medications. (PAH 00075) There was no justification for the nurse or nurses at Piedmont Atlanta Hospital to leave the Norepinephrine / Levophed IV connected to Mr. Huizer outside the IV infusion pump and hanging together with Mr. Huizer’s active mediations after the

Norepinephrine / Levophed therapy had been completed and the order discontinued.


Later the same day, I understand that Lanesia Kierra Martin, RN (“Nurse Martin”) unclamped the Norepinephrine / Levophed IV, which allowed the medication to go “free flowing” into Mr. Huizer.

PHI CVICU Event Note	
Reason for note	
Significant event	
Summary of event	
<p>Called by patient's RN that patient's HR had acutely jumped up into the 130s. Immediately reported to patient's bedside. The patient's SBP noted to be 290-300 mmHg. Patient states, "my heart feels like it's pounding out of my chest." All vasoactive medications were paused and began inspecting patients infusions. It was discovered that a bag of norepinephrine was hanging, not in the alaris pump channel, and was unclamped and free flowing into the patient. This was witnessed by myself, Alex Means, NP and Chris Barnes, NP. The norepinephrine was immediately clamped and disconnected. Patient is reporting a headache which was becoming more severe. 100 mcg Nitroglycerin administered IV to decrease patient's SBP. BP began slowly coming down. Patient continued complaining of a headache even when BP normalized. STAT head CT ordered.</p>	

(PAH 00075) There was no justification for Nurse Martin to administer Norepinephrine / Levophed to Mr. Huizer in any amount, much less at the “free flowing” high dose she gave him, especially given that the order for Norepinephrine / Levophed was discontinued more than 11 hours before Nurse Martin administered too much of that drug to Mr. Huizer. (PAH 00138).

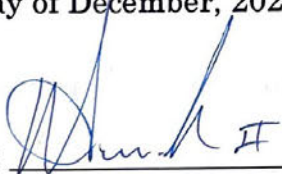
*** I understand that Nurse Martin is licensed in Alabama and was working for, with, and / or through Piedmont Healthcare, Inc. and / or Aya Healthcare Services, Inc. when she rendered the nursing services at issue here. I also understand that Georgia law requires that an expert must identify one specific act of professional negligence against each named defendant in a case

like this. To that end, and based on these understandings, I restate the standard of care violation committed by Nurse Martin and apply it to Piedmont Healthcare, Inc. and Aya Healthcare Services, Inc. as her principal and / or employer.


BSN CCRN 12/17/24
NANCY AMARAL, BSN, CCRN

Sworn to and subscribed before me this
the 17 day of December, 2024.

Notary Public:





WALTER A. HUSAK II
Commission # HH 158596
Expires August 2, 2025
Bonded Thru Budget Notary Services

Nancy Amaral BSN, CCRN
Nurse Consultant
1436 29th Avenue
Vero Beach, FL 32960
Naamaral2000@yahoo.com
772-532-5384

EMPLOYMENT

2011-Present Cardiovascular ICU RN, Medical/Surgical ICU RN, Charge Nurse, Nursing Supervisor Per Diem, ICU Preceptor/Resource Nurse Assistant Nurse Manager
Cleveland Clinic Indian River Hospital
Vero Beach, FL
Code Team, Rapid Response and Stroke Alert Team Member (2CLOT)
Expert IABP, ICE Expert – Impella, NIH Stroke Certified, Recovery Cardiovascular-Thoracic Surgical Patients, Post-Operative Immediate Recovery or from PACU-Needing ICU or Off Shift (PACU not Available)-Post Cardiac Cath Patients (Off Shift Recovery also)
Burr Holes, Ventriculostomy Drains, Spinal Surgeries, Vascular Surgeries, Post AMI Recovery, Radical Necks, Glossectomies
Craniotomy/Neuro Stent, Neuro Spine Surgeries, Post-op Embolectomy-Thrombectomy-Lysis, ICP-CPP Monitoring,
General Surgeries, CIWA Protocol, Yale Bedside Swallow Evaluation, Hemodynamic Monitoring, Advanced EKG Interpretation, ACLS/BLS Vent Management w/RRT, Epidurals, PCAs, PICCs, CVC Access
New Employee Hiring Process, New Employee Precepting/Mentoring
Sepsis Protocol & Implementation, Organ Donation Liaison, Poison Control Liaison, Accurate Administration of Vasoactive, Antiarrhythmic, Sedative, Antihypertensive, Anticoagulants, Electrolytes, Use of Automated Dispensing Cabinets, Use of Infusion Pumps
Use of Intravenous Vesicants (Pressors, Thrombolytics, Antiarrhythmics, Sedations) - Use of Extravasation Medications, Therapeutic Thermoregulation Monitoring, Paralytic Management/Fall Protocols/Risk Assessment, Skin Assessment Rounds-Wound Care Referrals, Turning & Repositioning Team Member, PEG/NGT/OGT Usage & Maintenance-Tube Feeding Administration, Covid-ICU Patient Management, Chart Auditing ---
Falls/Blood Administration/CLABSI/HPI/CAUTI/Purposeful Rounding/Plan of Care/Stroke/Efficient Nurse Communication/Nursing Chart Chart Documentation/Restraints, Skin Assessment)

2008-2011 Trauma (Level 1), Neurological, Medical/Surgical ICU Floor RN,
St. Mary's Medical Center
West Palm Beach, FL
(Intracerebral Pressure Drains, Roto-Rest Management, Ventriculostomy Drains, NIH Stroke Certified, ICP-CPP Monitoring, CRRT, Code Team Rapid Response Team, Immediate Recovery-Intracerebral Coiling,

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Craniotomy, Embolectomy-Thrombectomy-Lysis, Trauma Surgery -
Immediate Post-Operative Care & Management, Fall Protocols/Risk
Assessment)

2006-2008	Cardiovascular Intensive Care, Medical/Surgical ICU Floor RN, Palm Beach Gardens Medical Center Palm Beach Garden, FL (As noted above)
1989-2006	Neurological ICU, Cardiac ICU, Medical/Surgical ICU Cardiac Rehabilitation, Committee Floor Representative Education, QI/QA, Peer-Review, JCAHO Chart Auditing Nursing Documentation, Medical Exec, Ethics, Shared Governance, Procedure/Protocol, Safety Compliance RN, St. Luke's Hospital - South Coast Hospitals' Group New Bedford, MA (As noted above)
2002-2005	Case Manager RN, Physicians' Home Care New Bedford, MA (Case Load >30 Patients in Community Nursing Setting, Supervision Nurse Aides in Patients' Homes, Patient Teaching in Community Per CMS Guidelines, Chart Audits, Interdisciplinary Team Setting)

EDUCATION

March 2017	ACLS/ BLS Critical Care Registered Nurse Certification (CCRN)
Sept 2016	Completion of LNC Course AALNC sponsored
1989	Bachelor of Science Nursing University of Massachusetts – Dartmouth (formerly known as Southeastern Massachusetts University) North Dartmouth, MA

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ASSOCIATIONS

AALNC – American Association of Legal Nurse Consultants
ANA – American Nurses Association
AACN – American Association of Critical Care Nurses

NURSE CONSULTANT WORK

Medical Record Review – Plaintiff & Defense
Medical Chronologies – Plaintiff & Defense
Medical Literary Research – Plaintiff & Defense
Opine on Standard of Care – Plaintiff & Defense
Affidavit Preparation – Plaintiff & Defense
Deposition/Trial Preparation – Plaintiff & Defense

Plaintiff Depositions x 8
Defense Depositions x 5
Trial Experience x1