



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE 19801-3341

CAPTA¹ REPORT

In the Matter of
Nicole Garber
Minor Child²

9-03-2012-00002

March 2, 2012

¹ The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

² To protect the confidentiality of the family, case workers, and other child protection professionals, pseudonyms have been assigned.

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (“CDNDSC”) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child’s death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

Summary

In the mid-afternoon of August 2011, Emergency Medical Services (EMS) arrived to the child’s residence where they found the 6 year old child unresponsive, with heart beat, irregular breathing, and vomiting. At the time of the near death incident, the child’s father was not home, but he reported that child had been playing on the steps and had jumped over a ledge, hit her head and was found at the bottom of approximately 12 stairs. Several children were home with the maternal grandfather who was asleep when this incident occurred. Child would respond only to deep painful stimuli. Father was noted to be very upset and unable to provide any meaningful history about child. Child was immobilized appropriately, blood glucose was 496, breathing was supported with bag-mask ventilation and transportation was provided to the hospital. Swelling was noted by EMS to be over right eye and a “fruity odor” was noted to be about the child and father.

Upon arrival to the hospital, the child was classified as a trauma code with an altered level of consciousness. Mother was noted to be present and gave the child’s history of insulin dependent diabetes. Poor respiratory effort and responsiveness noted, with Glasgow Coma Scale (GCS) of 3. Endotracheal intubation was done to control airway and prevent acute aspiration. Child was placed on a ventilator and sedated. Blood glucose was elevated at 431 and blood alcohol level was over 200 mg/dL (212, 201). Parents were surprised to find out that the child had an elevated blood alcohol level as they denied any alcohol in house. A computed tomography (CT) scan of the head and cervical spine were completed and yielded normal results. A chest x-ray was completed twice. The first x-ray was for endotracheal tube placement in right mainstem bronchus and the second was to assure the tube was in a good position after the endotracheal tube was re-positioned. The child was transferred to a children’s hospital where the blood sugar was 247 and blood alcohol was 124 mg/dL on arrival. Child was evaluated, sedated, and observed in the Intensive Care Unit overnight. Child’s sedation was weaned and the child was successfully extubated. The Division of Family Services was notified, via the Child Abuse and Neglect Report Line. The report was accepted for an urgent investigation and law enforcement was notified.

The child was interviewed by the hospital social worker with mom present. When child was fully awake and alert, child admitted to eating hand sanitizer, “a lot.” Per mother’s history, a bottle of Bath and Body Works spray or hand sanitizer was noted to be full and then half full recently.³ Injury prevention information on preventing household poisonings and the safety kit, *Safety 1st Childproofing Kit*, was provided to the mother. The child was discharged to parents three days after the near death incident.

Collateral contacts were completed with the hospital, Primary Care Physician, and the child’s school. Apart from this incident no other concerns of abuse and/or neglect were noted.

Regarding the allegation, mother reported that a year ago child ingested some hand sanitizer. When mother asked the child why she did that, the child told mom that it smelled good. Mother reported that a bottle of the sanitizer is kept in the kitchen and another bottle was kept in mother’s bathroom as well. Mother stated that maternal grandfather told her that the bottle of sanitizer (that was full a few days prior) was now nearly empty. Mother does not know if there are others in the house. Mother states that the only alcohol in the house belongs to maternal grandmother. She keeps it in a storage room, on top of a large stack of boxes. Mother states that it is not locked up, but she does not think that the child knew where it is hidden. Mother states that the maternal grandmother drinks rarely and does not keep other alcohol in the house, not even in the kitchen.

Upon his arrival home, father reported that he saw that the child was with the maternal grandfather and had a knot over her left eye. When he tried to revive the child she still did not respond, so he called EMS. Father stated that he did not know who found her and what exactly happened. Father further reported that the child has diabetes that is controlled using three injections per day (after meals) of Humira and one injection per day of Lantus, given at bedtime. Father reported that the child has never passed out from low blood sugar, but the child is aware and educated about her condition and will tell him or mother if she feels her blood sugar is getting low (she will use those words, or she will say that she feels funny).

The child was questioned by the DFS caseworker regarding the events of that day. The child reported that she smelled the hand sanitizer, so she wanted to see if it tasted good. The child told the caseworker that it tastes like honey. Child reported that no one knew she was drinking the hand sanitizer. The caseworker told child that she should not drink hand sanitizer, because she can get sick.

Based on the information provided, the case was closed and unfounded by DFS with concern that the mother and father ensure that the supervision of the child is being accomplished by a responsible adult. No criminal charging occurred in this case. This

³ The hand sanitizer found in the home contains 62% ethyl alcohol and for a 20 kg child to become intoxicated to the level this child was, she would need to drink 1.4 ounces. Also Bath and Body Works Green Clover Spray (40% ethyl alcohol) was found in the home.

case was referred by a hospital to CDNDSC with the allegation that the child had been drinking Kool-Aid with vodka.

System Recommendations

After review of the facts and findings of this case, the Panel determined that all systems did not meet the current standards of practice.

The following **recommendation** was put forth by the Panel:

- (1) CDNDSC recommends that all medical professionals and staff abide by the guidelines established for questioning a child when suspicion of abuse or neglect is raised. If a child is to be questioned about a specific event for purposes of information gathering, it is recommended, as best practice, that such questioning not occur within the presence of a parent(s) and/or caregiver(s).