

EMTALA: No Failure To Screen, Stabilize Intoxicated Patient.

The patient was found on the porch of the home from which he had been evicted. He was unresponsive and incontinence of stool. He had had a seizure.

Paramedics took him to the hospital emergency department where he continued to suffer confusion, loss of consciousness and seizures due to alcohol withdrawal. While still in the emergency department he was given a head CT which showed advanced atrophy unusual for his age and chronic microvascular ischemia indicative of small strokes.

The patient was admitted to the hospital as an inpatient for eleven days of care, after which time he was taken by the police in a wheelchair to the local county correctional facility where he was booked for second-degree assault.

In the jail infirmary his seizures continued and was placed in suicide restraints. He remained in the jail two-hundred days.

No EMTALA Violation

The US District Court for the Eastern District of Pennsylvania found no violation by the hospital of the US Emergency Medical Treatment and Active Labor Act (EMTALA).

Starting in the emergency department the hospital's nurses continually monitored and assessed this very difficult patient, reported their findings to the physician and advocated on his behalf for care including adequate medication for his agitation and repeated seizures.

Once he was an inpatient, nursing assessments determined he was a high fall risk due to his confusion and unsteadiness which made it difficult and unsafe for him to ambulate. As a precaution the nurses moved his bed closer to the nurses station so that he could be monitored closely.

Over time the patient became even more agitated and combative, a fact the nurses communicated to the physician.

When he struck a nurse across the face with an open hand the nurses called hospital security who called the local police to facilitate his transfer out of the hospital directly into custody in the local county jail infirmary. The physicians documented his delirium had resolved by the time of transfer. **Hollinger v. Reading**, 2016 WL 3762987 (E.D. Penna., July 14, 2016).

The hospital did not violate this emergency department patient's rights guaranteed by the US Emergency Medical Treatment and Active Labor Act (EMTALA).

In a patient's lawsuit alleging an EMTALA violation the court does not second-guess the quality of care provided in the emergency department. The court looks instead at whether care offered to the patient was less extensive than care offered to other patients with similar presenting signs and symptoms.

This patient has not shown any proof that his care in the emergency department was less than what any other severely intoxicated person would have been offered.

The patient has also alleged that the hospital failed to stabilize his emergency medical condition before transferring him to the jail infirmary.

However, that argument fails because the hospital admitted him as an inpatient for eleven days of care before his transfer. An eleven-day hospitalization cannot be viewed just as an attempt to circumvent the EMTALA's requirements.

UNITED STATES DISTRICT COURT
PENNSYLVANIA
July 14, 2016

Cancer: Failure To Diagnose Tied, In Part, To Nursing Negligence.

The patient died at age fifty-two from metastatic liver cancer.

His widow filed a lawsuit claiming negligence by the US Veterans Administration facility where he was seen several times over a twelve-year period.

The lawsuit alleged specifically that a positive lab result for Hepatitis B infection was never communicated to the patient along with a recommendation and referral for follow up testing and treatment.

The blame for that error or omission fell in part on a registered nurse who reviewed his lab results with him at one of his appointments. His physicians were also alleged to have been at fault.

Had the patient's Hepatitis B been properly managed, a significant risk factor for liver cancer could have been eliminated, or in the process of treatment the cancer would have been detected and could have been treated at an earlier stage, and the patient's life could have been spared, the lawsuit claimed.

The standard of care required the nurse to review the patient's lab results from previous visits, inform the patient he had tested positive for Hepatitis B, refer the patient for testing and review the test results at any subsequent visit.

UNITED STATES DISTRICT COURT
MICHIGAN
July 11, 2016

The US District Court for the Eastern District of Michigan was willing to fault a registered nurse at the facility who went over his lab results with the patient, but never informed him he was positive for Hepatitis B, which required a referral for follow up testing and imaging studies, and review of those test results on his return. **Redmond v. US**, 2016 WL 3667954 (E.D. Mich., July 11, 2016).