

LEGAL EAGLE EYE NEWSLETTER

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EMTALA: Nurse's Screening Met Hospital's Legal Responsibilities, Lawsuit Dismissed.

The patient came to the emergency department at 5:47 p.m. and was seen by the triage nurse at 5:55 p.m.

The triage nurse asked him about the onset and severity of his chest pain, whether he had attempted self-treatment and whether he was a victim of domestic violence.

She obtained a pulse oximeter value and documented that the patient had taken an aspirin before coming to the hospital.

The nurse also began documenting the patient's cardiac risk factors including his BP, tobacco use and personal and family history of heart disease.

Then the nurse ordered an EKG which was done by an E.R. tech at 6:27 p.m. The EKG was not abnormal. The nurse had blood drawn at 6:40 p.m. for a cardiac enzyme work-up and sent him for a chest x-ray at 6:43 p.m.

At 7:50 p.m. the blood work came back positive for a possible cardiac event. The nurse promptly reported the lab results to the E.R. physician who immediately came in and evaluated the patient and talked with a cardiologist.

No Violation of EMTALA

The US District Court for the Eastern District of Pennsylvania dismissed the patient's suit alleging violation of the US Emergency Medical Treatment and Active Labor Act (EMTALA).



The US Emergency Medical Treatment and Active Labor Act (EMTALA) requires a hospital that has an E.R. to give every E.R. patient the same emergency medical screening examination that it gives its other E.R. patients with the same signs and symptoms.

The nurse fully complied with the hospital's protocols for E.R. patients with chest pain.

UNITED STATES DISTRICT COURT
PENNSYLVANIA
September 19, 2012

The hospital's standing nursing protocol for E.R. patients with chest pain was to assess the patient with a physical examination, question the patient about his or her symptoms, screen the patient for domestic violence and create a record of risk factors.

Following the assessment, if a cardiac event was suspected, the nurse was expected to obtain a pulse oximeter reading, assign the patient the appropriate triage classification and alert other E.R. personnel to the patient's need for immediate treatment.

The nurse was then permitted to give aspirin, obtain an EKG, start O₂, order blood drawn for a cardiac work-up and obtain a chest x-ray.

The patient's emergency medical screening by the E.R. triage nurse fully complied with the hospital's standing nursing protocols, was completely appropriate and was basically identical to the emergency medical screening afforded by the hospital to other emergency patients with chest pains.

For the hospital's court case the hospital got an affidavit from its vice president, a physician, that this patient's care was basically identical to 136 other E.R. patients with chest pains at the hospital in the preceding month. ***Byrne v. Chester Co. Hosp., 2012 WL 4108886 (E.D. Pa., September 19, 2012).***

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