

LEGAL EAGLE EYE NEWSLETTER

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ICU Nursing: Death Of Patient Post-CABG Surgery Tied To Substandard Nursing Care.

The patient was sent to the hospital's intensive care unit (ICU) after coronary artery bypass graft surgery (CABG).

The physician's post-operative orders specified one-to-one nursing care in the ICU.

The patient was on an intra-aortic balloon pump, a medical device implanted in the operating room inside the distal arch of the descending aorta through an opening in the femoral artery, connected to a driving Helium gas pump designed to pulse on at diastole and off at systole in synchronization with set points in the patient's EKG waveforms, the overall goal being to assist cardiac recovery by lessening myocardial systolic oxygen demand.

At 1:00 a.m. the patient's ICU nurse astutely picked up on the fact the pump was not functioning correctly. She immediately called the cardiologist. The cardiologist ordered the balloon promptly removed from the patient's body by a trained radiology tech.

However, two hours after the pump was removed the patient bled profusely at the insertion site, coded, could not be revived and remained in a coma until he died. The coroner ruled the cause of death anoxic encephalopathy secondary to external blood loss.



The court accepts the testimony of the patient's nursing experts that one-to-one nursing care in the ICU means the nurse must remain at the patient's bedside unless relieved by another one-to-one nurse.

An ICU nurse assigned to provide one-to-one care cannot leave the patient's bedside at a critical moment to restock supplies in the linen closet.

COURT OF APPEAL OF LOUISIANA

April 4, 2007

The Court of Appeal of Louisiana threw out the jury's verdict exonerating the hospital from blame as "clearly wrong and manifestly erroneous" and ordered the hospital to pay more than \$500,000 to the surviving spouse and children.

One-To-One ICU Nursing Care

An hour after the balloon was removed through the femoral artery, about a half hour after the arterial wound seemed to have stopped bleeding after more than thirty minutes of manual pressure, the patient's systolic blood pressure abruptly dropped almost sixty points.

The patient's ICU nurse did not think the sudden blood-pressure drop meant anything was wrong, did not notify the cardiologist or a staff physician and left the patient's bedside to re-stock supplies in the linen closet near the nurses station, according to the court record.

The nurse was called back to the patient's bedside after an eighteen minute absence by the sounding of the EKG alarm, after the patient had already bled out into the bed.

The court began its review of the multiple nursing-liability issues in the case by deciding to accept the family's nursing experts' definition of one-to-one nursing care in a hospital intensive care unit and to discount the hospital's experts' views.

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