

Nurse As Patient Advocate: Court Looks At Standard Of Care For E.R., ICU Nurses.

There has been no definitive ruling one way or the other whether the nurses were at fault.

The Court of Appeals of Texas has ruled merely that the patient's estate's expert witnesses have correctly articulated the pertinent legal standard of care.

The fifty-one year-old patient was admitted to the ICU from the E.R. and died the next day from pneumonia brought on by a *Staph* infection.

Emergency Room Nurses

The estate's nursing expert's opinion was that emergency room nurses must make a comprehensive nursing assessment of the patient's health status, make nursing diagnoses and formulate a plan of care.

In this case that translated into appreciating the significance of the patient's medical history of *Staph* infection and signs and symptoms of systemic sepsis, including rapid breathing, rapid heart rate and low O₂ saturation.

The required action was for the E.R. nurses to make the physicians aware of the nature of the patient's difficult condition.

Intensive Care Nurses

The estate's medical expert's opinion was that the ICU nurses should have impressed upon her physicians the nature of her condition and advocated for different interventions.

In more specific terms that meant the nurses should have been watching her to see if the antibiotic Levaquin, often used in cases of *Strep pneumoniae*, was proving effective, should have realized it was not working to stem her *Staph* infection and should have advocated for orders for a broad-spectrum antibiotic.

Any reasonable ICU physician, the expert went on to say, would have changed the antibiotic, and that, more likely than not, would have successfully stemmed the relentless *Staph aureus* infection in the patient's system and saved the patient's life. Christus-Spohn Health System v. Cervantes, 2011 WL 1159961 (Tex. App., February 10, 2011).