

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Nurse As Patient's Advocate: Cardiac Care Nurse To Share Liability With The Physician.

A fifty-three year-old man who came in with chest pains was transferred to the cardiac service for a diagnostic cardiac catheterization after the E.R. doctor determined the man had had a mild heart attack.

During the diagnostic procedure the cardiologist found significant arterial blockage and decided to do a stent angioplasty two days later.

In preparation for the angioplasty the cardiologist started the patient on aspirin and Plavix to inhibit platelet aggregation. The anticoagulant heparin was started at 1,000 units per hour.

A partial thromboplastin time (PTT) was done six hours into the heparin therapy. It was slightly longer than normal so the heparin was reduced to 900 units per hour.

Eleven hours later the patient developed a severe headache, profuse sweating, nausea, vomiting and markedly increased blood pressure, signs and symptoms of the onset of what proved to be a fatal intracranial bleed.

The Superior Court, Essex County, New Jersey jury reached a verdict of more than \$1,000,000 for his probate estate for wrongful death from malpractice.

The patient's nurse was ruled 5% responsible for payment of the verdict along with her employer the hospital.



A nurse has a fundamental legal duty to act as advocate for the nurse's patient.

A nurse with specialized clinical training and experience is expected to understand the medical issues and is held to a high legal standard of care.

A nurse must seek physician's orders to correct an apparent oversight.

SUPERIOR COURT, ESSEX COUNTY
NEW JERSEY
July 3, 2007

Cardiac-Care Nurse

Failed to Advocate for the Patient

At 900 units per hour the patient was still on a significant dose of anticoagulant. The one and only PTT that was actually done, six hours after the infusion began, was slightly longer than normal.

The experts testified that an experienced cardiac-care nurse should recognize the high risk and the grave danger of a cerebrovascular event with the heparin still running and should know that a repeat PTT, no later than six hours after an elevated PTT, is the standard of care.

The nurse testified in her defense that a repeat PTT could not be done without a physician's order.

The jury ruled, in effect, that the nurse should have acted as advocate for her patient by seeking a physician's order for a repeat PTT no later than six hours after the first PTT.

The nurse nevertheless did see the import of the headache, sweating, nausea vomiting and increased blood pressure and did notify the cardiologist promptly.

The cardiologist waited to come to see the patient, minimized the seriousness and waited several more hours to get a neurology consult. The patient actually died on his way to get a CT. ***Oakley v. Bhalodia, 2007 WL 2246911 (Sup. Ct., Essex Co., New Jersey, July 3, 2007).***

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