

# Nurse As Patient Advocate: Jury Finds No Negligence.

The patient was in the hospital for treatment of congestive heart failure.

He was sent to the intensive care unit after a procedure to aspirate a large quantity of fluid from his chest. His physicians put him on diuretic medication to remove more fluid from his body.

The patient's nurse and a hospital resident physician kept reporting to the patient's attending physician that his blood pressure was too low.

The patient's attending physician related the low blood pressure to the patient's congestive heart failure and the diuretic therapy that was underway and saw no justification to change what was being done for the patient.

After the patient died it was determined he, in fact, had internal bleeding in his abdomen, a condition that his attending physician completely missed.

The jury hearing the lawsuit the Circuit Court, Jefferson County, Alabama found no negligence by the attending physician or the nurse.

## **Differential Medical Diagnosis Is Not A Nursing Responsibility**

The jury discounted the testimony of the patient's family's nursing expert.

The patient's expert wanted to fault the ICU nurse for not advocating with her nursing supervisors to call in other physicians to rule out other possible medical diagnoses that might account for the consistently low blood pressure readings the nurse was getting as she closely monitored her patient's vital signs.

A nurse has a legal duty to advocate for the nurse's patient only when the patient's working medical diagnosis itself points to inappropriate action being taken or appropriate measures being ignored.

It goes too far to say that nurses' duty to advocate can be used to point a finger of blame at the nurses and open up the hospital's deep pockets any time the physician does not diagnose the patient correctly.

**Powe v. Boger, 2008 WL 6912671 (Cir. Ct. Jefferson Co., Alabama, August 28, 2008).**