

Anticoagulant Therapy: Court Finds Grounds For Family's Lawsuit.

When she was admitted to the nursing home the patient was on Coumadin as a precaution against blood clots that could lead to embolism or stroke.

Her PT/INR values were found to be sub-therapeutic for a patient who required blood-thinning medication, so the Coumadin was increased.

When her PT/INR came back still below the desired range after a few weeks the Coumadin was upped and a second anticoagulant Lovenox was added. A PT/INR was ordered to be drawn two weeks after the medication increase went into effect.

The day before the PT/INR was scheduled the patient began vomiting blood and was taken to the hospital. Her PT/INR was beyond the therapeutic range. She died in the hospital that day from a gastrointestinal hemorrhage attributed to inadequate monitoring of her anticoagulant level.

The standard of care requires nurses in a nursing home to see that a patient on two anticoagulants has PT/INR monitored every one to three days so that the blood clotting mechanism is not allowed to be inhibited to the point that internal hemorrhage results.

COURT OF APPEALS OF TEXAS
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The Court of Appeals of Texas ruled that the patient's family's nursing and internal medicine experts correctly stated the standard of care.

Even if the attending physician does not see the need for close, frequent PT/INR monitoring for a patient on significant doses of anticoagulant medications, the nurses should appreciate the need and should advocate for lab draws every one to three days, in the experts' opinions. **Pinna-
cle Health v. Calvin**, 2011 WL 2420991 (Tex. App., June 16, 2011).