

Asthma Attack: Patient's Profound Brain Injury Tied To Medical, Nursing Negligence.

The US District Court for the Middle District of Florida awarded nearly \$6,000,000 to a pediatric patient and his parents for negligent treatment of the patient's asthma attack in the emergency room at a US military hospital facility.

The US Federal Tort Claims Act permits lawsuits against United States medical facilities to the same extent and under the same fundamental legal principles that apply to other medical facilities in the state where the incident occurred. One notable difference is that United States medical personnel cannot be sued personally for their own negligence, quite unlike nurses, physicians, etc., in private-sector medical facilities.

Acute Asthma Attack

Requires Prompt Assessment, Action

According to the court, the nine year-old patient was correctly triaged as an urgent case when his parents brought him into the emergency room suffering from an acute asthma attack.

Within a couple of minutes his mental status changed from cooperative to combative, an ominous indication of oxygen deprivation. Although required to be given no later than ten minutes after ordered, the nurses delayed more than a half hour administering an albuterol treatment and giving methylprednisone and magnesium sulfate. The court said unequivocally that this lapse by the nurses fell beneath the legal standard of care.

A patient suffering an asthma attack must have a triage assessment for oxygenation status.

Medications such as albuterol, methylprednisone and magnesium sulfate, if ordered by the physician, must be given by the nurse at once.

If these medications are not immediately effective in reversing the asthmatic attack and restoring the airway the patient will need to be rapidly intubated, bagged and/or ventilated.

Rapid sequence intubation must take no longer than five minutes, the goal being to restore oxygenation through an airway before cardiac arrest and brain damage can occur.

During the intubation process it must be kept in mind that the succinylcholine is paralyzing the lungs, requiring rapid intubation and bagging.

UNITED STATES DISTRICT COURT
FLORIDA
August 26, 2005

Effectiveness of Medications Must Be Ruled Out Before Intubation

The court noted that the overall goal is to restore oxygenation through an airway as soon as possible. Medications may not be effective for that purpose. If they are not effective at once in reversing the asthma attack so that the constricted airway will open by itself, the patient has to be intubated, yet the patient should not be intubated unless the medications have been tried and proven unsuccessful.

The patient became even more combative and pulled out his IV, which should have been interpreted as showing further decline in oxygenation status and pointing to the need for rapid sequence intubation.

Once ordered, rapid sequence intubation must be done immediately. The intubation in this case was not accomplished until more than a half hour after the methylprednisone was given, almost one hour after arrival in the emergency room.

According to the court, during rapid sequence intubation the succinylcholine must be given by a physician and not by a nurse. However, the court saw one bright spot in the whole scenario in that it was a nurse who finally was able to get the endotracheal tube situated properly, albeit thirty-two minutes after rapid sequence intubation was started. Turner v. US, 2005 WL 2077297 (M.D. Fla., August 26, 2005).