

## Atrial Fibrillation: Death Blamed, In Part, On Nursing Negligence.

Six days after being admitted to the hospital with atrial fibrillation the patient died from cardiac arrest.

Her husband sued the hospital alleging negligence by the treating physician for failing to transfer her from the general medical/surgical wing to the intensive care unit for specialized nursing care.

The husband's lawsuit also alleged negligence by the medical/surgical nurse for failing to monitor his wife closely and competently and for failing to report her findings to the physician.

The Court of Appeals of Texas ruled that the family's medical expert's opinions as to the negligence of the treating physician and the nurse are valid grounds for a lawsuit against the hospital.

### **Nurse Failed to Monitor Patient Failed to Report to Physician**

At 8:00 p.m. on the fifth hospital day the medical/surgical nurse noted the patient's heart rate was over 100. The nurse reported that to the physician.

The physician ordered 30 mg of Cardizem which the nurse gave at 10:00 p.m. At 10:30 the heart rate was still over 100 so the physician ordered a 5 mg per hour Cardizem drip which the nurse started at 11:00 p.m. At 2:10 a.m. the BP was 137/97 and the pulse was still above 100. At 4:00 a.m. the heart rate had dropped to 80-90 and the BP had dropped to 98/55.

At 4:30 a.m. the heart rate was around 40. The nurse simply stopped the Cardizem drip and did not contact the physician.

The heart rate went back up to 80-90 and by 5:00 a.m. it was back over 100, but still the physician was not notified.

No charting exists from 5:00 a.m. until the patient was found without a pulse at 7:14 a.m. CPR was started. Resuscitation was halted and the patient was pronounced at 7:40 a.m.

The family's medical expert explained specifically that the drop in the patient's heart rate into the 40's required the nurse to notify the physician so that medications could have been started for heart rhythm and/or rate control, which could have prevented the hemodynamic instability which led to cardiac arrest and death.

**Mendez-Martinez v. Carmona**, \_\_ S.W. 3d \_\_, 2016 WL 1613422 (Tex. App., April 22, 2016).

***The family's medical expert's opinion was that this patient belonged in the ICU, not in the hospital's general medical/surgical wing.***

***ICU nurses would have known that atrial fibrillation can lead to heart failure. Significant changes in vital signs can be signs that heart failure has begun.***

***At 4:00 a.m. the nurses in the ICU would have recognized the drop in the heart rate and blood pressure as signs which needed to be reported to the physician immediately.***

***Rhythm and/or rate control medications, if given in time, could have prevented the hemodynamic instability caused by the severe bradycardia the patient was experiencing.***

***In the hours before the patient was found arrested at 7:14 a.m. the patient's vital signs, blood gases and neurological status should have been monitored at least every thirty minutes and the values reported to the physician.***

***The physician should have been called to the bedside where the physician could have more closely supervised the patient's care.***

***If the patient had gone to the ICU at 10:30 p.m. she could still be alive.***

COURT OF APPEALS OF TEXAS  
April 22, 2016

## Corrections Nursing: Court Sees Deliberate Indifference.

An inmate in a state correctional institution complained to the guards that he had started having severe stomach pain and nausea and was vomiting.

The guards phoned the facility's health services unit, spoke with a nurse and then let the inmate get on the phone and speak with the nurse himself.

The nurse dismissed his complaints and advised the guard to let him take a shower to ease his discomfort.

Over the next several days the nurses repeatedly discounted the inmate's complaints of severe abdominal pain, refused his requests to see a doctor and treated him with over-the-counter remedies.

When the guards found him unconscious on the floor of his cell the inmate was taken to a hospital emergency room. He had surgery to remove his appendix.

***The nurses ignored the facility's nursing protocol for abdominal pain which said that a known HIV-positive inmate with severe abdominal pain was to be referred immediately to a physician.***

UNITED STATES DISTRICT COURT  
WISCONSIN  
May 12, 2016

The US District Court for the Eastern District of Wisconsin saw grounds for the inmate's lawsuit against six different nurses employed at the correctional facility where he was housed.

From his severe abdominal pain the nurses were aware the inmate faced a substantial risk of harm from a serious health condition like an inflamed or ruptured appendix, and they intentionally or recklessly ignored that risk, the Court said.

The patient's surgery and recovery were more complicated than they would have been if he had had his surgery more promptly. **Rivera v. Kettle**, 2016 WL 2766642 (E.D., Wisc., May 12, 2016).