

## Bowel Obstipation: Nurses Provided Appropriate Care, Prison Inmate's Suit Dismissed.

A prison inmate put in a sick-call request and was seen by a nurse in the prison infirmary for complaints of vomiting and diarrhea.

His vital signs were normal and he had no fever but there was generalized abdominal pain. The nurse gave him anti-nausea and anti-diarrheal medications, restricted his diet to clear liquids and excused him from work detail.

The next day when he returned to the infirmary the nurse had him seen by the physician. His vomiting had stopped after taking his anti-nausea medication but the diarrhea medication was not working. His vital signs were again normal and he had no fever. The nurse had him seen again later that same day. The physician related his abdominal pain to a diagnosis of gastroenteritis and put him on a different anti-diarrheal medication.

Four days later the inmate came back and saw the nurse again for his nausea and diarrhea. His vital signs and bowel tones were normal and he had no fever but still had abdominal pain. The nurse got a urine sample. The lab found no evidence of a urinary tract infection and the normal specific gravity ruled out dehydration.

Two days after that the patient came in four separate times. This time his pulse and blood pressure were up, so the nurse contacted the physician who ordered medications which brought his pulse and BP back within normal limits.

Later that night the guards brought him in in a wheelchair. Something was acutely wrong. The nurse on duty phoned the physician who ordered him sent to the hospital. At the hospital a CT revealed severe bowel obstipation. Several hours later his colon ruptured and he had to be rushed into surgery.

The US District Court for the Eastern District of North Carolina discounted expert testimony that antibiotics should have been given early on and would have prevented the outcome. There was no indication early on of any infectious process. All the care he received was appropriate under the circumstances. **Brown v. Medical Staff**, 2012 WL 368644 (E.D.N.C., February 3, 2012).

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***Obstipation, severe constipation leading to bowel obstruction, is extremely rare in an otherwise healthy thirty year-old man.***

***His complaints and the nursing staff's repeated assessments were consistent with a diagnosis of gastroenteritis and failed to suggest he was developing obstipation which could and did cause a colon rupture.***

***His obstipation and colon rupture were extraordinary outcomes which could not have been anticipated by the prison infirmary nursing and medical staff.***

***He received competent and professional care up to the point in time when it became apparent that medical care was necessary from outside sources. At that point the nurse saw to it he was sent to the hospital for further evaluation.***

***In fact, the colon rupture did not occur until several hours after the patient was admitted to the hospital.***

***If he were kept in the infirmary longer instead of being sent to the hospital that could be considered negligence, but not deliberate indifference to the inmate's serious medical needs.***

UNITED STATES DISTRICT COURT  
NORTH CAROLINA  
February 3, 2012

## Heart Attack: Nurse Provided Competent Care, Suit Dismissed.

A jail inmate began having symptoms during the early morning hours but told the guards it was not necessary to call in the nurse. She could wait to see the nurse until the nurse came in to work at her usual 8:00 a.m. start time.

At 8:15 a.m. she saw the nurse for chest pains, nausea, vomiting and burns on her right arm. Her BP was 180/117. She mentioned she was very upset over just learning that one close family member had almost killed another close family member the previous day.

The nurse phoned her supervisor who told her to treat the patient for anxiety. After giving Vistaril the BP began to decline. The patient started feeling better and returned to her cell.

At 9:15 a.m., however, the inmate was found in her cell dead from a heart attack.

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***The nurse followed the procedures and clinical pathways set up by her employer, the company who contracted to provide healthcare in the jail.***

***She phoned her supervisor, a nurse practitioner, reported the signs and symptoms and treated the patient for anxiety as she was told.***

UNITED STATES DISTRICT COURT  
TENNESSEE  
February 3, 2012

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The US District Court for the Eastern District of Tennessee dismissed the family's lawsuit. The nurse was familiar with this long-term inmate who never had prior cardiac issues. The nurse did what was expected based on the procedures and clinical pathways she was required to follow. She was not to be held liable based only on hindsight as to the actual unfortunate outcome. **Miller v. Monroe County**, 2012 WL 368740 (E.D. Tenn., February 3, 2012).