

# LEGAL EAGLE EYE NEWSLETTER

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## Cardiac Care: Jury Finds That Nurse And Physician Met The Legal Standard Of Care.

The patient was fifty-eight years old when she died in a hospital E.R. from a myocardial infarction one week after she stopped taking her Plavix and aspirin in preparation for arthroscopic knee surgery.

The patient had a history of coronary artery disease and smoked cigarettes. She was being followed by a cardiologist who had had another physician, an interventional cardiologist, perform several coronary artery stent procedures over a four-year period.

Two years after the last stent the patient's orthopedist wanted to do arthroscopic surgery on her knee.

The orthopedist contacted the cardiologist so that the cardiologist could clear the patient for surgery and take care of the issue of temporarily discontinuing her anticoagulant medications.

The cardiologist delegated the matter to the lead RN. The RN contacted the patient's primary care physician to inquire whether he knew of any cardiac issues within the prior year. The primary care physician said the patient had not reported any heart problems.

The RN then contacted the patient directly to confirm what the patient's primary care doctor had told the RN and to discuss directly with the patient the issue of temporarily halting her Plavix and aspirin.



***The cardiologist's office had a standard practice, according to the cardiologist's RN's testimony, always to contact all of the patient's other treating physicians to whom the patient could conceivably have complained of chest pain or other cardiac-related issues, as part of the routine process for clearing a patient for surgery.***

COURT OF APPEAL OF LOUISIANA  
April 9, 2014

The patient told the RN she had not been having any angina. The RN verified to her own satisfaction by speaking with the patient at length that the patient was familiar enough with her own medical issues to be able to distinguish between heart related angina and other varieties of pain that would not be significant to the issues at hand.

By speaking with the patient the RN verified that the patient understood why she was taking Plavix.

The RN went on to tell the patient that it was standard procedure for a patient to stop taking anticoagulant medications like Plavix and aspirin seven to ten days before surgery in order to reduce the risk of excessive bleeding during and after surgery.

### **Court Finds No Negligence**

The deceased patient's family sued the patient's cardiologist for his own alleged medical malpractice and for alleged errors and omissions by the RN for whom he was legally responsible as her employer.

The Court of Appeal of Louisiana upheld the jury's verdict for the cardiologist. The RN reviewed the patient's chart, contacted the patient's other physician and spoke directly with the patient.

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# Cardiac Care: Nurse, Physician Met Standard Of Care (Cont.)

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The RN testified in court that she informed the patient that medical research on the dangers of discontinuing Plavix was not applicable to time periods beyond one year post cardiac stent placement. Research has indicated only that patients should stay on a blood thinner for one year until the stent had endothelialized, to reduce the risk of new blockage of the coronary artery in which the stent was placed.

The RN said she went on to tell the patient there was no research upon which to base an opinion one way or the other for a patient who had successfully gone more than one year after the last stent.

After she concluded her talk with the patient, the RN stamped the cardiologist's signature on the clearance form for knee surgery and forwarded it on.

The patient also filled out forms in her orthopedist's office in preparation for her surgery.

One page of the forms used in the orthopedist's office included boxes for the patient to check if the patient had been having certain medical symptoms, including angina.

The patient did not mark that box, which further validated to the Court's satisfaction that the patient had not recently been experiencing chest pain.

The patient stopped taking her Plavix and aspirin. A week later she had severe chest pain, went to a hospital E.R. and died two hours after admission having had a myocardial infarction.

## **Court Finds No Negligence**

The jury heard expert testimony from the defendant cardiologist and other cardiologists upholding the physician's decision to stop the Plavix temporarily, given that it was more than one year since the most recent stent.

The medical experts also approved the RN's actions. The RN reviewed the patient's chart, contacted the patient's other physician and spoke directly with the patient.

The Court expressly ruled the RN did adequately discuss with the patient all the issues surrounding discontinuing the Plavix. **McDougald v. St. Francis**, \_\_ So. 3d \_\_, 2014 WL 1386882 (La. App., April 9, 2014).

***The cardiologist's office had a standard practice, according to the cardiologist's RN, always to contact all of the patient's other physicians to whom the patient could conceivably have complained of chest pain, as part of the routine process for clearing a patient for surgery.***

***The RN was able to testify at trial regarding her personal recollection of her telephone conversation with the patient's primary care physician, even though the primary care physician insisted, on the contrary, that he was never contacted and never spoke with anyone from the cardiologist's office about this patient.***

***There was no actual charting in the records at the cardiologist's office or in the primary care physician's office as to a conversation between the cardiologist's RN and the primary care physician.***

***The RN testified that someone must have removed a page from the chart, because it was the usual practice to document all such calls when the cardiologist received a request from another physician to clear a patient for surgery.***

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# Discharge From Hospital: Nurse's License Suspended.

The sixty-one year-old patient was in the hospital being worked up medically for severe abdominal pain. He had been brought in by ambulance to the emergency department days earlier.

His pain was getting worse and he was getting more and more agitated and was repeatedly ringing for his nurses to give him more pain medication.

He verbalized that he would rather die than live and expressed a desire to be discharged against medical advice. The day nurses talked him out of that.

When the night shift nursing supervisor came on duty he received report from the day nurses about the patient's deteriorating condition and his increasing dependence on pain medication. The day nurse urged the night nurse to continue discouraging the patient from leaving if he so requested.

An hour into the night shift a nurse told the nursing supervisor the patient wanted to go home.

The nursing supervisor notified the patient's physician, then met with the patient, had him sign the forms for discharge against medical advice, walked him to the unit clerk's desk and pointed him toward the building exit.

The patient walked out alone about 8:30 p.m. without any transportation or even any clear idea where he was going. Outside an early January snowstorm was turning into a blizzard.

The next morning the police found the deceased patient's frozen body only 500 feet from the hospital entrance.

The hospital terminated the nurse. The patient's sister reported him to the State Board of Nursing, which revoked his license for a period of two years.

The Supreme Judicial Court of Maine ruled the court to which the nurse appealed his license revocation committed technical legal error and was required to re-hear the evidence and make its own independent evaluation, as required by Maine's administrative procedures statute. **Zablonty v. State Board**, \_\_ A. 3d \_\_, 2014 WL 1094449 (Me., March 20, 2014).