

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Patient Death In Cardiac Telemetry: Court Ruling Examines Nursing Standard Of Care.

At 2:27 a.m. the telemetry tech asked the nurse to check the patient's leads. The nurse found the patient unresponsive and called a code. The code team could not save him.

The family sued. The patient's nurse testified in her own defense along with the hospital's medical experts. The Court of Appeal of Louisiana affirmed the jury's verdict of no negligence by the patient's nurse.

The patient was in the cardiac telemetry unit following orthopedic surgery and facial reconstruction for injuries from a motorcycle accident.

He had other serious health issues including hypertension, uncontrolled diabetes, sleep apnea and obesity, which can negatively impact the body's ability to survive after surgery.

Cardiac Leads

No Nursing Documentation

The nurse testified it was her practice always to check a cardiac telemetry patient's leads each and every time she interacted with the patient. It was also her practice to glance frequently at the monitor screens.

She would not document each time she checked a patient's leads or replaced one that had popped off.

It was also her practice, she testified, to check each patient at least once an hour but not necessarily note that.



The jury could correctly conclude from the nurse's testimony and the other evidence that the patient's leads were at all times properly connected.

The hospital's experts testified there was no breach of the standard of care by the patient's nurse, including her lack of documentation as to checking, attaching and reattaching the patient's leads.

COURT OF APPEAL OF LOUISIANA
August 19, 2015

The patient's nurse could not testify from memory and could rely only on her progress notes at trial.

The patient went for a CT scan that evening and his leads would have been disconnected. However, the nurse documented she went with him and stayed with him until his return to the telemetry unit at 8:40 p.m. when his leads would have been reconnected.

The nurse documented pain assessments at 7:10 p.m., 10:20 p.m. and midnight. The nurse checked his blood glucose at 10:00 p.m. and at 11:10 p.m. and gave him his Benadryl at midnight.

Medical Evidence

Pointed To Sudden Heart Attack

Telling evidence came from the code team's careful documentation as the code unfolded.

The patient was asystolic when the team arrived, but with atropine and epinephrine they were able to restore for a brief time heart activity in ventricular fibrillation.

According to the hospital's medical experts, resumption of cardiac activity would not have been possible unless the patient's heart had been stopped only momentarily before the tech called the nurse and the nurse went to the room and called the code. ***Glasscock v. Board, ___ So. 3d ___, 2015 WL 4926405 (La. App., August 19, 2015).***

Inside this month's issue...

September 2015

New Subscriptions
See Page 3

Cardiac Telemetry/Leads/Nursing Standard Of Care
Hearing Impaired Patients/ASL/Disability Discrimination
Scope Of Nursing Practice - Excessive Force/Patient's Rights
Nurse/Family And Medical Leave Act - Nurse/Age Discrimination
Nurse/Disability Discrimination - Nurses/Labor Law Rights
Choking Death - Medical Confidentiality - Labor & Delivery
Nurse/Emergency Medical Treatment And Active Labor Act
Nurse/Mandatory Flu Vaccination - Non-Competition Agreement