

Emergency Room: Communication Breakdown Leads To Patient Lawsuit.

The male E.R. patient had had an artificial urinary sphincter implanted surgically at the hospital. He had gone back to the same hospital one month later for a surgical modification, a constricting sleeve to correct urinary leakage. Two months after that he had gone back to the hospital for yet another adjustment.

Six weeks later he went to the same hospital again, this time to the emergency department, because of urinary retention.

He showed the E.R. personnel the medical information card that that same hospital had given him for his artificial urinary sphincter, just as he was instructed when he got it at the hospital.

Nevertheless, personnel in the emergency department tried to catheterize him without deactivating his artificial sphincter, causing a significant discharge of blood along with the urine.

After the bleeding alerted them that something was wrong a urologist was called in who quickly realized what the problem was and deactivated the device.

The Court of Appeals of Texas ruled that the patient's expert witness correctly outlined the standard of care and departures from that standard.

Effective Communication Is Necessary In the Emergency Department

Procedures were not in effect to ensure effective communication with a Spanish-speaking patient.

Regardless of any language barrier, after the patient showed them his medical information card which fully informed the E.R. staff about his particular medical situation and needs, that information was not shared among the nurses and physicians caring for him.

His chart from the hospital for his previous three admissions contained information that was obviously significant. However, his caregivers never looked up his prior chart before simply going ahead with a standard, routine medical intervention for his chief presenting problem. **Martinez-Partido v. Methodist Spec. Hosp.**, ___ S.W. 3d ___, 2010 WL 2838629 (Tex. App., July 21, 2010).