

Dehydration: Court Finds Basis For Nursing Negligence Lawsuit.

The eighty-four year-old patient had to be transported from the nursing home to a hospital E.R.

At the hospital the E.R. physician found that the patient had sunken eyes and dry mucous membranes. He ordered lab work which revealed values consistent with dehydration.

The diagnoses were respiratory failure, acute renal failure secondary to dehydration and sepsis.

The E.R. physician and the patient's own physician would later testify that the dehydration they saw at the hospital had likely been going on for a significant period of time before the patient was sent to the hospital.

Court Validates Family's Lawsuit For Nursing Negligence

The US District Court for the Western District of Louisiana ruled that the family's medical and nursing experts' reports and the facts admitted in the pre-trial depositions of the nursing home's own clinical director and director of nursing stated a basis for a nursing negligence lawsuit.

The nurses failed to detect that the patient was severely dehydrated and failed to report that significant change in his health status to the physician.

There was no measured fluid input and output recorded in the chart as had been ordered and the nurses were unaware and did not chart that the patient had diarrhea. It was known that he was not eating all his meals and was drinking very little liquids but that also was not reported.

The nurses did notice and did chart it when his respiratory rate rose, but they did not report that to the physician until the next day and did not follow up to report that it continued for some time after that.

The physician did not become aware of the extreme state of the patient's condition until the physician herself came in and found the patient unresponsive in bed and had him transported to the E.R.

The patient died several weeks later from septic shock from *C. difficile* colitis or *Pseudomonas pneumonia* which the medical experts said was compounded by dehydration and renal failure due to dehydration. **David v. Lafayette Spec. Hosp., 2013 WL 1352030 (W.D. La., April 2, 2013).**

The legal standard of care applicable to nurses caring for a patient includes a duty to inform the physician of a change in the patient's health status.

In particular, nurses are trained to recognize signs of dehydration and report such signs to the physician.

The physician relies to a great extent on the patient's nurses' reports in order to assess the patient accurately and prescribe necessary medical treatments.

The nurses must look for clinical signs consistent with dehydration such as missed meals, lack of adequate intake of liquids, persistent diarrhea and inadequate input and output when measured input and output recording have been ordered by the physician.

The family knew the patient was having diarrhea, but the nurses never charted it and never reported it to the physician.

The patient's increase in respiratory rate was also a change in status that should have been reported to the physician, along with an acute decreased level of alertness, neither of which improved over time and which were possible signs of dehydration.

UNITED STATES DISTRICT COURT
LOUISIANA
April 2, 2013

Sexual Assault: Facility Not Liable For Delay In Notifying Family.

The ninety-two year-old total care hospital patient's diagnoses included advanced Alzheimer's and Parkinson's. She was basically non-communicative.

A nurse entered her room while the patient was being sexually assaulted by a male CNA who had been working at the hospital nine years. While the nurse went to get help the CNA changed the patient's gown and linens. Security escorted him from the hospital premises at 11:30 a.m.

The patient's daughter arrived around 2:30 p.m. She visited often and was closely involved in her mother's care. Her mother had been moved to a room near the nurses station and seemed disturbed, agitated and restless.

At 5:30 p.m. three hospital management persons came to the room and told the daughter explicitly what had happened.

The mother's and daughter's lawsuits were dismissed. The daughter appealed only her lawsuit for emotional distress over the delay in reporting what happened and did not appeal the dismissal of her mother's lawsuit for the assault.

The Appellate Court of Connecticut dismissed the daughter's lawsuit as well.

No Unreasonable Delay Occurred

The hospital had an unqualified legal obligation to report candidly to the daughter what happened.

However, during the time lag the incident worked its way up the hospital's risk management chain of command. The hospital contacted its attorney who advised them to get a statement from the perpetrator, call the local police and perform a rape kit exam on the victim. The perpetrator was called in and gave a statement and the police were notified before the daughter was told. The rape kit was not done until later that evening.

The Court ruled it would not be advisable to set a legal precedent that a hospital has to notify the family of an adverse incident before the hospital has had time expeditiously to investigate the facts and take action that must occur immediately. **Di Teresi v. Stamford Health, __ A.3d __, 2013 WL 1587913 (Conn. App., April 23, 2013).**