

Diabetic Patient: Court Sees Deliberate Indifference.

The inmate patient had insulin-dependent diabetes, obesity and depression.

After thirty-nine days in the jail he was taken out to the hospital on a stretcher, not breathing and lacking a pulse. He had broken ribs, contusions and abrasions and was missing his front teeth.

The causes of death were listed as hyperkalemia and acute renal failure.

A nurse violates an inmate's rights if the nurse acts with deliberate indifference to the inmate's serious medical needs by ignoring obvious risks to the inmate's health or by failing to bring the patient's complaints to the physician's attention.

UNITED STATES DISTRICT COURT
ILLINOIS
October 3, 2013

The US District Court for the Central District of Illinois saw grounds for a lawsuit by the family against the jail guards for abuse and against the jail nurses for deliberate indifference to the inmate's serious medical needs.

The medical records showed that the patient received at best only about one third of the medications that were prescribed for him at the hospital where he was a patient before being taken to the jail, including his sliding-scale insulin that required regular blood glucose monitoring.

Apparently he was ignored because he often did not come to the dispensary on his own to ask for his medications.

As the inmate's mental state deteriorated his clothing became feces-stained, he became tremulous and the guards began to overreact to what they mistook as a combative attitude, while the nurses did nothing. **Carlock v. Williamson**, 2013 WL 5495462 (C.D.Ill., October 3, 2013).

Diabetic Management: Court Sees No Deliberate Indifference By Nurses In Inmate's Care.

The nurses did not act with deliberate indifference to the patient's needs and therefore did not violate his Constitutional rights.

After each incident the patient received adequate care.

He was carefully monitored, given food and juice and, when necessary, was given a glucagon injection.

The staff nurses recognized their errors, promptly took appropriate corrective action and reported their errors right away.

The director of nursing and the charge nurse reviewed the patient's medical chart, spoke with the staff nurses, reviewed with them the proper procedures for administering insulin and made a change in nursing policy which was intended to prevent the same error from happening again.

There is no question the nurses were not acting with malice or flagrant disregard for the patient's needs.

They were guilty of simple mistakes which, due to their prompt and effective corrective actions after the fact caused the patient no actual harm other than some temporary discomfort.

UNITED STATES DISTRICT COURT
NEW YORK
October 1, 2013

The inmate patient had been diagnosed with insulin-dependent diabetes fourteen years before his incarceration. His condition requires insulin injections carefully tailored to frequent monitoring of his blood sugar levels.

First Incident

At 9:00 p.m. his blood glucose was 388. According to his coverage order for his nighttime dose he should have received 10 units of regular insulin. Instead, the nurse gave him 20 units of NPH and 8 units of regular insulin.

The nurse quickly realized his mistake. He gave the patient food to eat, watched the patient carefully and reported his error to the director of nursing.

The director spoke with the nurse the next day. The nurse said he mistook a lower-case "q" for the numeral "9" on the diabetic flow sheet and used the wrong scale for the 9:00 p.m. nighttime dose.

After a second similar incident the director of nursing started a policy change that nurses were not to use the lower-case "q" in transcribing orders but were to use an upper-case "Q" or the word "every."

Second Incident

Three days later a different nurse obtained a blood glucose of 201 at 8:30 p.m. and gave 20 units of NPH and 8 units of regular instead of the 6 units of regular insulin the patient should have received.

The nurse immediately recognized her mistake and told the charge nurse. The patient was given a sandwich and juice and was carefully watched. At 12:00 a.m. a nurse went to his cell and got a blood glucose of 73. The patient was given more food. At 1:00 a.m. the charge nurse went to the patient's cell and checked his blood glucose again. It was 71, so he was given glucagon and was taken to the infirmary for close monitoring. By 6:00 a.m. he was feeling better, except for a headache for which he was given acetaminophen, and his vital signs were normal.

The US District Court for the Southern District of New York ruled there was no deliberate indifference to the patient's medical needs. **Cokley v. Correct Care**, 2013 WL 5496148 (S.D.N.Y., October 1, 2013).