

Emergency Room: Nurses Not Required To Check Discharged Patients Waiting To Leave.

A patient came to the emergency room with flu-like symptoms including nausea, dizziness, cough, difficulty breathing and fever. He was seen by the nurse and referred to the physician, who treated him for bronchitis and released him.

He was discharged at 5:50 a.m. but did not get a ride home until 7:00 a.m. Later that day his condition worsened. He was taken to another hospital where he died the next morning from meningococemia related to *N. meningitidis*.

Symptoms Worsened While Waiting To Leave the Emergency Room

The E.R. triage nurse who saw him when he first came in and discharged him at 5:50 a.m. testified he was in good condition at discharge and did not have the tell-tale skin rash or petechial hemorrhages characteristic of meningococemia.

His brother who picked him up at 7:00 a.m. testified his speech was not normal, he had difficulty walking and he had red marks and purplish discoloration on his face. The brother admitted he did not tell a nurse or doctor about this.

No Obligation To Check On Discharged Patients Waiting To Leave

The Appellate Court of Illinois agreed with the hospital's nursing expert that there is no generally accepted requirement for nurses to check on patients sitting in the waiting room waiting to leave after discharge from the emergency room.

Nurses Must Follow Hospital Policies

After this incident the hospital amended its policy manual contents pertaining to the E.R. to require its nurses to check on such patients up until the time they physically depart from the premises.

However, policy changes implemented by quality review with 20/20 hindsight after an unfortunate incident are completely irrelevant in a lawsuit over an incident that occurred before the policy changes went into effect, especially a lawsuit over the incident itself that prompted the changes, the court ruled. Smith v. Silver Cross Hospital, __ N.E. 2d __, 2003 WL 21107135 (Ill. App., May 15, 2003).

Nurses are required to follow the hospital's own internal policies for monitoring patients, even if those policies are more stringent than the generally prevailing professional standard of care applicable to nurses.

However, the hospital's post-incident policies adopted in 1998 are not relevant to this incident in 1996.

All policy manual contents for the policies in effect in 1996 are no longer available, having properly been destroyed in the ordinary course of business when the newer 1998 policies were put into effect.

APPELLATE COURT OF ILLINOIS
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Emergency Room Blood Draw For Etoh: Nurse Not Expected To Do Officer's Job.

A driver was convicted of drunk driving and vehicular homicide based on a blood sample drawn by a nurse in the emergency room on the orders of the arresting deputy sheriff.

The Court of Appeals of Indiana reversed the conviction but permitted the State to retry him.

The deputy told the defendant he had no choice but to give a blood sample and he told the nurse to draw it.

The patient did not resist the nurse, so she could assume for purposes of treating him for his own injuries from the collision that he was consenting to blood being drawn.

COURT OF APPEALS OF INDIANA
June 10, 2003

The deputy sheriff did not follow the implied-consent law for drunk-driving arrests, did not make a valid search incident to an arrest taking a blood sample and did not have a search warrant. In addition, realizing there were legal problems with the sample drawn for forensic purposes, the deputy went back and got the hospital's medical lab sample for use in court.

However, the point is that legal issues of implied consent, probable cause, search warrants, etc., are strictly the responsibility of law enforcement. As long as the nurse is ordered by law enforcement to take a blood sample or has consent from the patient, the nurse does nothing wrong. Hannoy v. State, __ N.E. 2d __, 2003 WL 21321386 (Ind. App., June 10, 2003).