

LEGAL EAGLE EYE NEWSLETTER

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Emergency Room: Court Faults The Initial Nursing Triage In Cardiac Patient's Death.

The patient came to the E.R. after chest pain began suddenly at home. She was seen by an E.R. nurse within minutes of her arrival at the hospital.

She was sixty-one years old, had a history of smoking and hypertension and her BP was 228/104.

She complained to the E.R. triage nurse of pain 10/10 in her chest radiating down her arm, back and neck.

The E.R. nurse assigned the patient the triage category urgent rather than the more serious category emergent.

The E.R. physician ordered blood drawn for a cardiac enzyme panel, a cardiac monitor, a chest x-ray and sublingual nitroglycerine.

The patient's chest pain had completely subsided after she had been at the hospital for four hours.

The cardiac enzymes came back from the lab within normal limits, the chest x-ray was normal, the EKG did not show any acute ischemic changes but the BP was still 154/88.

The E.R. physician phoned the patient's primary care physician who recommended they admit her to the hospital.

The admitting differential medical diagnoses were angina, myocardial infarction, pleurisy, costochondritis, esophageal reflux and chest wall pain.



The emergency room nurse who first assessed the patient failed to triage the patient as emergent based on signs and symptoms of a possibly life-threatening cardiac event.

The nurse's faulty triage contributed to delay in diagnosis and treatment and, along with the negligence of the physicians, was a contributing factor in the patient's death.

COURT OF APPEALS OF GEORGIA
July 3, 2012

Late in the evening of the second day in the hospital a resident physician believed she was having an MI and had her transferred to another hospital for cardiac catheterization.

The images observed during the catheterization procedure revealed an aortic aneurysm and dissection which was by then inoperable.

The Court of Appeals of Georgia accepted testimony from the family's nursing expert that the hospital was guilty of negligence, along with the treating physicians, based on the E.R. nurse's initial assessment of the patient and triage of her status as urgent rather than emergent, given the presenting history, signs and symptoms pointing to an acute life-threatening cardiac event.

If the patient had been properly triaged as emergent by the nurse in the E.R. the Court believed the critical medical interventions could and would have occurred sooner, in time to have saved the patient's life.

Legal cases from incidents in the E.R. point out that while the physicians bear ultimate responsibility for the correct medical diagnoses, the E.R. nurse's initial triage sets the overall tone for the level of attention which will be given to the patient's emergency room care. ***Knight v. Roberts***, __ S.E. 2d __, 2012 WL 2579256 (Ga. App., July 3, 2012).

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