

Emergency Medicine: Court Rules On Scope Of Practice For Nurse Practitioners.

The patient was still having pain in his left forearm and hand three hours after chopping wood in his back yard.

His wife wanted a doctor to look at it, but they did not have a family physician, so they went to the E.R., after stopping at some friends' house on the way to drop off some food the wife had cooked for them.

As soon as he got to the hospital a paramedic took his vital signs: BP 130/78, pulse 100, respirations 20.

A nurse practitioner examined him. She noted no pain or tenderness in the arm above the elbow, no shortness of breath and no pain in his shoulder, jaw or chest.

Nurse Practitioner

Consulted E.R. Physician

The nurse practitioner consulted with the E.R. physician but did not have the physician examine the patient. They concurred it was just minor musculoskeletal pain from overexertion and sent him home.

At home he collapsed and died three hours later from a heart attack. The widow sued the hospital for negligence.

Hospital Policy Upheld

Nurse Practitioners

To Consult With E.R. Physician

To maximize their utilization in the E.R. the hospital had changed its policies regarding nurse practitioners.

Formerly the nurse practitioners in the emergency department only assessed and triaged patients, with each and every patient being seen by the emergency department physician before being discharged.

Now E.R. nurse practitioners see and treat patients, consult with the emergency physician and, in collaboration with the physician decide which patients need to be seen by the physician or another physician and which can just be sent home.

The Court of Appeals of Tennessee ruled there was nothing per se wrong with the new policy for maximizing utilization of nurse practitioners. **Barkes v. River Park Hosp.**, 2008 WL 5423981 (Tenn. App., December 29, 2008).