LEGAL EAGLE EYE NEWSLETTERSeptember 2011For the Nursing ProfessionVolume 19 Number 9

E.R.: Hectic Conditions Taken Into Account In Defining The Standard Of Care, Court Says.

The patient arrived in the hospital's emergency department at 5:50 p.m. on New Year's Day. He told the admitting desk clerk his heart was racing.

The patient died in the E.R. less than two hours later that evening from sudden cardiac death related to severe hypertensive heart disease and an enlarged heart.

The Supreme Court of Mississippi ultimately ruled the hospital was not liable in the family's wrongful death lawsuit, stating in part that the conditions in the E.R. that evening resembled a "mass casualty situation."

Patient's Presentation

An emergency medical tech took the patient's vital signs within ten minutes. The patient told him his chest was sore, but the patient, when asked, denied feeling pressure, radiating pain, sharp or dull pain in his chest.

The patient did not seem to be in distress, was not short of breath and was not sweating.

The tech passed a sticky note on to the E.R. nurse. The nurse believed that an EKG and advanced cardiac life support were not necessary because the patient was basically stable.

Another nurse came in a few minutes later an hour early for her 7:00 p.m. shift and saw that she needed to get to work right away.



The E.R. nurse's triage of this patient was a reasonable preliminary screening, given the symptoms he reported, the way he appeared and what else was going on in the emergency department at the time.

The standard of care depends upon the circumstances and the options that are available at the time to the patient's caregivers.

SUPREME COURT OF MISSISSIPPI July 21, 2011 The first thing she did was ask those in the waiting room who felt they needed to be seen immediately. Four raised their hands, but not this patient.

The first nurse checked back and saw the patient in question laughing and talking with other patients. A few minutes later, however, someone screamed. The nurse and the E.R. physician went and got the patient on a stretcher and moved him into an examination room. He was in v fib. The code team was unable to revive him.

Legal Standard of Care Not Violated

The trial of the family's lawsuit was a classic "battle of the experts." The judge credited the testimony of the experts who testified for the hospital that it was necessary to take into account the hectic situation in the E.R. as a relevant factor in what the law expected of the patient's caregivers.

Hospital policy setting out everything that was to be done with every identified cardiac patient was not absolute, only one factor to be considered.

It was not clear from the autopsy that the patient died from an acute coronary event. Troponin was detected in the blood, but that could have been a result of heart compressions during CPR, the Court said. <u>Estate of Sykes v.</u> <u>Calhoun Health</u>, <u>So. 3d</u>, 2011 WL 2899642 (Miss., July 21, 2011).

Inside this month's issue...

September 2011

New Subscriptions See Page 3 Emergency Room Nursing/Hectic Conditions In The E.R. Emergency Room/Disability Discrimination/Intoxicated Patient Patient's Fall/Nurse As Expert Witness - Morphine Overdose Post-Operative Nursing - DNR Order - Medicaid Eligibility/2014 Psychiatric Nursing/Restraints - Impaired Nurse/Alcohol Testing Discrimination/Race/Disability - Spoliation Of The Evidence Home Health/Patient Abandonment - Arbitration/Power Of Attorney EMTALA/Pregnant Patient/Standard Screening Examination