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E.R.: Nurses Ruled Not Liable, Patient Died From MI Only Hours After Discharge Home.

A \$1.3 million jury verdict has been overturned which we reported in December 2010: *Emergency Room: Nurses Blamed For Patient's Death From MI After Discharge Home*, Legal Eagle Eye Newsletter for the Nursing Profession, (18)12, Dec. '10, p. 6.

The Court of Appeals of Texas was highly critical of the nursing care the patient received in the emergency room but nevertheless found no liability in the family's lawsuit against the hospital because the nursing care, although negligent, did not rise to the level of willful or wanton negligence, a wrinkle of Texas's medical malpractice law.

The patient was triaged by a nurse within minutes after arriving in the E.R. and telling the desk clerk her reason for coming in was chest pain.

She was not short of breath. She told the triage nurse her pain level was 8/10. Her heart rate was 97, BP 186/96 and O₂ sat 97%.

The nurse obtained a history of smoking, hypertension and a CVA. The patient's meds were Glucophage and Avandia for diabetes, Norvasc for angina and Accupril for hypertension but she had not been taking the last three.

The nurse erroneously classified the patient as level three, somewhat urgent but not presenting with life-threatening problems.



The hospital's E.R. nurses did not follow the hospital's procedures for the assessment and treatment of chest pain and by not doing so they deviated from the accepted standard of care.

However, the nurses' errors and omissions, although negligent, did not rise to the level of willful or wanton negligence.

COURT OF APPEALS OF TEXAS
October 13, 2011

The Court said this patient should have been classified as level one, presenting with a potentially life-threatening condition.

The initial nursing triage is a critical step in the emergency-care process, the family's nursing experts said. The initial nursing assessment sets the tone for how the patient's case will be handled by all of the caregivers who will interact with the patient.

Minimizing this patient's level of acuity was a significant factor in her simply being sent home by the E.R. physician with a prescription for lisinopril and a recommendation to follow up with her cardiologist rather than being sent to the catheterization lab or worked up for coronary artery bypass.

It is a nursing responsibility to probe into the location and severity of the pain reported by a patient who comes to the E.R. for chest pain, especially one with a history of risk factors.

A patient with a cardiac history and current unstable angina can display normal vital signs and EKG as this patient apparently did at the time of her discharge home from the E.R. That does not necessarily mean that the patient is not in dire need of urgent care, the Court pointed out. ***Christus Health v. Licatino***, __ S.W. 3d __, 2011 WL 4841082 (Tex. App., October 13, 2011).

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