

Emergency Room: Nursing Care Found To Be Below The Standard Of Care.

The patient's lawsuit alleged negligence by the emergency room nurses at the hospital where he was taken after a motor vehicle accident.

The patient crashed his sports car into a wall at the local racetrack at a speed of 50-70 mph, but was able to remove himself and walk away from the wreck. He was transported still fully conscious to the E.R.

The triage nurse noted that his complaint of pain was 5 on a scale of 1 to 10. The triage nurse reportedly felt it unnecessary to perform a full chest, abdomen and neurological exam because his chief complaint related to lower back pain.

The emergency room physician's diagnosis was lower back muscle spasms, most likely an aggravation of a pre-existing lower back problem. The patient was given an injection of Toradol and prescriptions were written for Percocet, Flexeril and Motrin.

No Nursing Assessment Of Patient's Response To Pain Medication

The US District Court for the Northern District of West Virginia agreed with the patient's expert witness, a board-certified emergency physician, that it was below the standard of care for the nurses not to have reassessed the patient's reaction to the Toradol injection. Continued or increased pain after receiving medication should have alerted the nurses that something more serious than low back spasms was going on. The patient was reportedly still in a lot of pain when he was discharged.

The patient claimed the nurse took his BP more than once and it was much higher the second time. According to the court, the nursing flow sheets for vital signs and other assessment and reassessment of the patient were left completely blank.

After several days in extreme pain which did not respond to the Percocet prescription, the patient was taken from home by ambulance to another hospital where he was treated for rib and vertebral fractures which were completely missed by the first hospital's nurses and physician. Ramonas v. West Virginia Univ. Hosp., 2009 WL 2450463 (N.D.W.Va., August 7, 2009).

The patient's expert witness identified several failings by the E.R. nurses to adhere to the standard of care:

Failing to take additional vital signs prior to discharge;

Failing to assess the patient's pain level;

Failing to evaluate the patient's reaction to pain medication;

Failing to properly note that the patient was not ambulatory at discharge;

Failing to properly chart and/or communicate their data to the E.R. physician.

The nurses also made a poor decision during triage not to do a full examination of the chest and abdomen which did not seem to pertain to his chief complaint of lower back pain.

After taking vital signs on arrival, which apparently were within normal limits, no more vital signs were taken. The nursing flow sheets are completely blank for vital signs.

The patient was taken to another hospital days later and treated for previously undiagnosed rib and vertebral fractures.

UNITED STATES DISTRICT COURT
WEST VIRGINIA
August 7, 2009