

Emergency Room: Nursing Care, Hospital Procedures In Compliance With EMTALA.

The parents brought their seven year-old to the emergency department after he had vomited several times and appeared to be running a fever.

The triage nurse saw him within three minutes of arrival, got a quick history from the parents and took vital signs. His temp and BP were normal but his heart rate was 145. A heart rate above 140 in a pediatric patient, under the hospital's guidelines, required classification as emergent so she took him to an exam room.

Another nurse saw him eight minutes later. He charted the results of his thorough exam: *Appears uncomfortable, well developed, well nourished, well groomed. Behavior is anxious, appropriate for age, cooperative, crying. Neuro: Level of consciousness is awake. alert, obeys commands. Oriented to person, place, time. EENT: Tympanic membrane clear on right ear and left ear. Ear canal clear on right ear and left ear. Oral mucosa is moist. Good dentition noted. Throat is clear. Cardiovascular: Capillary refill < 3 seconds. Hear tones S1 S2. Edema is absent. Pulses are all present. Rhythm is regular sinus tachycardia Chest pain is denied. Respiratory: Respiratory effort is even, unlabored, relaxed. Respiratory pattern is regular symmetrical. Airway is patent. Sputum is non verbalized. Breath sounds are clear bilaterally. GI: Abdomen is flat, Non-distended. Bowel sounds present x 4 quads. GU: No deficits noted. Derm: No deficits noted. Musculoskeletal: No deficits noted. Injury description: atraumatic.*

As the second nurse was completing his exam the physician came in, examined the patient and ordered a CBC.

The lab results came back an hour later "red flagged" for a high white cell count for which the automated result had to be redone manually. The manual test confirmed the abnormally high white cell count a half hour later.

Without waiting for the white-cell re-count the physician discharged the child home based on a diagnosis of a viral syndrome which seemed to have resolved with fluids and medication in the E.R.

In fact, the child was coming down with a serious case of bacterial pneumonia. His parents had to bring him back to the E.R. the next morning. Later that same day he had to be transferred to a pediatric tertiary-care hospital.

The child has been left with systemic organ damage from sepsis.

Nurses Actions, Hospital's Policies Complied With EMTALA

The actions of the hospital's nurses and the hospital's policies for screening of E.R. patients were ruled to be in compliance with the US Emergency Medical Treatment and Active Labor Act (EMTALA). The US District Court for the Southern District of Texas dismissed the hospital from the lawsuit.

The court has not as yet ruled whether the physician's apparent misdiagnosis was medical malpractice. Guzman v. Memorial Hermann Hosp., 2009 WL 1684580 (S.D. Tex., June 16, 2009).

An emergency screening examination fulfills the requirements of the EMTALA if it is reasonably calculated to identify the existence of an emergency medical condition.

The hospital gave this patient the same medical and nursing exams and the

same tests as any other patient with the same signs and symptoms.

The EMTALA is meant to insure that every emergency patient who presents with the same signs and symptoms is given the same screening.

UNITED STATES DISTRICT COURT
TEXAS
June 16, 2009