Emergency Medical Treatment And Active Labor Act (EMTALA): Court Looks At Nurse's Duties In The Emergency Room.

The United States District Court for the Eastern District of New York had to decide if the hospital's emergency room nurse violated the Emergency Medical Treatment and Active Labor Act.

The court went straight to one of the hospital's standard procedures:

Procedure: The Emergency Department Triage Nurse will:

1. Triage each pregnant patient presenting to the Emergency Department as outlined in policy and procedure number 9.1.1.

2. Document the patient's expected date of confinement (EDC) and last menstrual period (LMP) on the triage form.

3. Assess the patient for signs and symptoms of active labor. ...

5. A pregnant woman estimated to be less than 20 weeks gestation is to be assigned to a treatment area appropriate to her needs.

Nursing Assessment / Documentation

The court pointed out the nurse documented that the patient had no allergies and was not taking any medications. She was alert. Her language capabilities were noted. Vital signs were taken and charted. The nurse noted she had passed water and complained of lower abdominal pain but showed no signs of vaginal bleeding.

The nurse determined from the date of her last menstrual period that the patient was seventeen weeks pregnant and assigned her to an appropriate treatment area, that is, an examination room rather than the labor and delivery unit.

Patient's Miscarriage
No EMTALA Violation

Some days later the patient came into her doctor's office having just miscarried. The court looked for possible medical malpractice by the hospital physician, but there was no EMTALA violation or other reason to fault the emergency room nurse. **Brenord v. Catholic Medical Center, 133 F. Supp. 2d 179 (E.D.N.Y., 2001).**

The EMTALA was enacted in 1986 to stem the practice of private hospitals "dumping" indigent or uninsured emergency room cases on public hospitals.

The EMTALA never changed state laws governing the standards of professional negligence for emergency room doctors and nurses.

The EMTALA added a new legal remedy, the right to sue for a hospital's failure or refusal to treat an emergency room case.

Before the EMTALA many state laws said hospitals were legally liable in emergency room patients' lawsuits only if the hospital accepted and treated the individual and did so negligently, and not if the hospital refused to see the person and sent the person to another hospital or home.

Under the EMTALA a hospital must treat each person who comes to the emergency room exactly the same as it treats every other person in terms of screening, stabilizing care and standards for transfer or discharge.

UNITED STATES DISTRICT COURT, NEW YORK, 2001.

EMTALA: Court Says Nurse Did Not Violate Law.

Friends brought a young man to the emergency room with severe chest pain and pneumonia-like symptoms.

A nurse saw him on the minor-care side of the emergency department. She had him seen by a physician, who gave him two prescriptions and referred him to a medical clinic for outpatient follow-up.

Over the next few days he was seen in the health clinic at his employment because his symptoms did not subside. Five days later his father took him to a regional medical center where bacterial endocarditis was diagnosed. He died there.

The courts' interpretation of the EMTALA has evolved beyond Congress's original intent in 1986 to stop patient dumping.

Now the EMTALA applies to any individual who comes to a hospital emergency room seeking care for a medical emergency, insured or uninsured.

By the same token, being uninsured or the hospital thinking an emergency patient is uninsured is immaterial to whether the patient has a valid case.

UNITED STATES COURT OF APPEALS, TENTH CIRCUIT, 2001.

His family sued. The US Circuit Court of Appeals for the Tenth Circuit ruled the emergency room nurse did not violate the EMTALA, although the doctor may have negligently misdiagnosed him.

As insurance status is now irrelevant under the EMTALA, making a chart note he was uninsured, in and of itself, did not open up the hospital to liability, the court said. **Phillips v. Hillcrest Medical Center, 224 F. 3d 790 (10th Cir., 2001).**