

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Heparin-Induced Thrombocytopenia: Nurses Not Properly Trained, Court Sees Negligence.

The patient was in the hospital recovering from bilateral knee replacement surgery.

His physicians ordered subcutaneous injections of Lovenox as a precaution against deep vein thrombosis. The injections were administered to the lower left quadrant of his abdomen.

Over a nine-day period the patient's nurses and physicians, the patient's lawsuit alleged, should have understood the changes occurring in the area where he was getting the injections. A nurse saw a rash and bruising and suggested getting a consult. The skin hardened at the injection site, then a large blood blister developed and progressed to a black blister measuring 3 x 8 cm.

From day seven to nine the patient's platelet count dropped 70%.

On day nine the patient became pale, confused, drowsy, short of breath and difficult to rouse. One of the internists substituted unfractionated heparin for the Lovenox. Ten hours later another internist finally took him off heparin-based anticoagulants altogether.

The patient reportedly had a stroke, pulmonary embolism and deep vein thrombosis, leaving him paralyzed on the right side, all related after-the-fact to heparin-induced thrombocytopenia, an immune reaction to heparin.



There is nothing in the legal rules of evidence even to suggest that a nurse should be categorically denied the right to express an expert opinion on the relationship between a breach of the standard of care and injury to the patient.

If the breach of the standard of care was committed by a nurse, a nurse can testify as to the consequences.

COURT OF APPEALS OF WASHINGTON
February 26, 2008

The judge dismissed the patient's case on the grounds that his primary expert witness, a PhD-level nurse educator, was not qualified to testify. The Court of Appeals of Washington reversed the dismissal and told the judge to schedule a jury trial.

Nursing Expert's Testimony Accepted

The patient's nursing expert's opinion was that the legal standard of care requires a hospital to train its nurses to recognize signs of heparin-induced thrombocytopenia and, when the signs are seen, to advocate for the patient to get necessary medical evaluation and proper treatment.

The staff nurses recognized that something was wrong and that a thorough assessment was needed of the changes occurring at the subcutaneous injection site, but they failed to follow up to get it done.

The nurses should have been trained to appreciate the significance of the marked drop in the patient's platelet count as the Lovenox injections were ongoing.

The patient's nursing expert also questioned the administration of unfractionated heparin to the patient as signs of a systemic immune reaction to a heparin-based compound had started and were getting worse. The Lovenox and heparin should have been discontinued in favor of a non-heparin anticoagulant. **Hill v. Sacred Heart Medical Center**, __ P. 3d __, 2008 WL 500055 (Wash. App., February 26, 2008).

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