

Post-Op Care: Nurse Should Have Been Able To Intubate A Patient.

The patient had a facelift, eyelid reconstruction, nasal septum reconstruction, upper and lower lip augmentation and chin augmentation in the plastic surgeon's office. The surgeon decided the patient needed to stay overnight and he left the clinic at 9:30 p.m. with a nurse on duty.

By 6:30 a.m. the next morning the patient was in serious trouble. She was dizzy and fainted trying to walk to the bathroom. The nurse took vital signs. Her O₂ saturation was only 70%.

The nurse started CPR with an ambu bag and face mask and began frantically making calls on her cell phone. Paramedics got there about a half hour later, intubated the patient and transported her to the hospital where she was declared brain-dead and allowed to pass away the next day.

The physician testified he thought the nurse's ACLS certification included training in intubation.

The nurse testified she knew there was a laryngoscope and an endotracheal tube in the surgical suite, but she had no training in how to use them.

NEW YORK SUPREME COURT
APPELLATE DIVISION
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The New York Supreme Court, Appellate Division, ruled the family had grounds to sue the physician for negligence.

Blood clotting in the airway was a foreseeable possibility after the procedures the patient had had. The patient should only have been left in the care of qualified personnel trained to act appropriately in an emergency, the court said. **Cregan v. Sachs**, 879 N.Y.S.2d 440 (N.Y. App., May 28, 2009).