Medical/Surgical Nursing: Court Finds No Nursing Negligence After Patient's Death.

The forty-eight year-old patient was brought to the emergency department by his wife late in the evening because he was experiencing severe abdominal pain.

His pain could not be controlled with medication in the emergency room, so he was admitted to the hospital to be cared for and for further testing the next day.

He arrived on a medical/surgical floor at 3:00 a.m. At 7:10 a.m. the same nurse who cared for him through the night found him unresponsive and called a code.

The code team could not revive him. He died several days later. The autopsy report stated that no anatomic cause could be identified for the spontaneous cardiopulmonary arrest which took his life.

Court Looks at Nurse's Care
No Nursing Negligence Found

The family's lawsuit pointed the finger of blame directly at the patient's nurse.

The Court of Appeals of Ohio, however, looked meticulously at the details of the nurse's care during the four-plus hours she was responsible for the patient and ruled there was no nursing negligence.

Failure to Apply and Monitor Oxygenation

The physician wrote the same standing orders for this patient as for any patient for whom he was the admitting physician. The order was that continuous supplemental oxygen was to be titrated per protocol.

The nurse kept close tabs and documented on her nursing flow sheet that the patient's oxygen saturation remained at 97% on room air.

The nurse, correctly in the Court's judgment, did not give her patient supplemental oxygen because the hospital's protocol was to give oxygen only when the saturation fell below 92%.

Failure to Obtain a Medical History

At home the patient used a CPAP machine for obstructive sleep apnea prescribed nine years earlier at the same hospital system's sleep disorders clinic.

The medical/surgical nurse did not know the patient used a CPAP machine and did not obtain that fact from the patient or from his wife, a breach of the nursing standard of care in the opinion of one of the family's nursing experts.

The patient had obstructive sleep apnea and used a CPAP machine at home. His wife reminded him to tell his caregivers but the patient apparently never told anyone at the hospital.

The patient's nurse, who had five other patients, was not expected at 3:00 a.m. to dig up a new patient's medical records going back nine years at the health system's sleep disorders clinic, especially since she had not even a hint the patient had a condition for which he would have been seen there or actually had been there.

The patient's medical/surgical nurse was entitled to rely on the assumption that the work-up done in the hospital's emergency department had identified all of the patient's relevant medical problems.

Competent credible evidence established that the patient's nurse committed no negligence.

The family's medical expert testified in court that the pain and anti-nausea medications the patient was given, coupled with his obstructive sleep apnea, could have contributed to his cardiopulmonary arrest, but the expert declined to express a definitive opinion.

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However, the Court accepted instead the opinions of the hospital's nursing experts that it is not expected that a medical/surgical nurse will immediately dig up a new patient's entire past medical history.

The hospital gave nurses twenty-four hours either to have the patient fill out the intake medical history questionnaire, or if the patient was not able to do so independently to work with the patient and finish it.

Further, a medical/surgical floor nurse is allowed to rely on the assumption that the work-up in the emergency department, which the nurse must review, has identified all of a new patient's critical problems, which in this case only included the patient's intractable abdominal pain and did not involve any respiratory issues.

Excess Narcotic Medication

The most telling evidence in the nurse's favor was that she gave her last dose of Dilaudid at 6:10 a.m. and then checked back on the patient at 6:45 a.m., about the time when any sign of a problem with the last dose would have been seen.

There was no problem at that time. The patient was alert and comfortable and reported his pain finally was down to one on a scale of one-to-ten.

The decision to give 2 mg rather than just 1 mg was within the standard of care. That prn dose was within the physician's orders. The overall treatment goal was to manage the patient's pain which had been intractable since he presented in the E.R.

When she gave the narcotics and anti-nausea meds the nurse was not responsible for knowing the patient had respiratory issues for which he used a CPAP machine.

Failure to Monitor Vital Signs

The most relevant fact for the Court on this issue was that the physician ordered vital signs only every four hours.

The Court was willing to accept the hospital's nursing expert's opinion that vital signs do not have to be taken before and after each dose unless the nurse has a specific reason to be concerned about the patient's ability to tolerate narcotics safely.

In this case the patient was alert and did not appear sedated before or after any dose of narcotics was given to him. **Tobin v. University Hosp., 2015 WL 5657371 (Ohio App., September 24, 2015).**