# LEGAL EAGLE EYE NEWSLETTER December 2005 For the Nursing Profession Volume 13 Number 12

## Duty To Assess, Report, Advocate: Patient's Death Tied To Negligent Nursing Care.

The seventy-five year-old patient came to the emergency room with a headache and right-arm weakness.

An order was written to admit her to the neurological care unit but she was not actually taken there until three hours later. A call placed to one physician was returned by another 1 1/2 hours after that. He ordered meds for blood pressure and nausea. Three hours after that the nurses called a physician to report neuro changes and elevated blood pressure. The physician ordered an emergency CT scan which revealed a massive brain hemorrhage.

The patient had surgery within three hours but did not recover. She was taken to a hospice and died.

#### Statement of Legal Standard of Care

The Court of Appeals of Texas ruled that the medical expert retained by the family's attorneys correctly stated the legal standard of care for nurses in this situation and stated how the nurses' negligence in departing from the standard of care was the legal cause of the patient's death.

#### Delay in Transfer to Neuro ICU

When a patient with acute neurological process is ordered admitted to an intensive care setting, that transfer cannot be delayed. Delay in transfer can mean critical delay in treatment.



Cerebral hemorrhage requires prompt medical intervention.

The nurses must correctly assess the patient's changing neurological status.

Failure of the nurses to advocated for their patient, that is to insist upon prompt medical evaluation, including a brain CT scan, can delay proper diagnosis and treatment.

COURT OF APPEALS OF TEXAS November 16, 2005

#### Nurses' Duty to Advocate For Patient

Nurses must monitor their patients competently and must promptly and effectively communicate changes in status to the physician.

The court faulted the nurses because they, "... meekly accepted inadequate responses of Dr. ... and Dr. ... with no further calls to physicians until the patient was *in extremis*."

A physician who is not actually present has no way to appreciate the magnitude of the downward neurological changes a patient is experiencing unless the nurses fully communicate it and insist upon prompt evaluation of the patient's changing status.

#### **Cause and Effect**

The court accepted the family's medical expert's conclusion that this patient's death would have been avoided with proper management of her case by the hospital's nurses.

A bleeding lesion in the brain requires prompt cessation of the Coumad in the patient is taking, fresh frozen plasma to reverse the Coumadin and a prompt brain CT to locate and evaluate the lesion for medical treatment. Delay in this life-saving treatment was linked directly to inadequate nursing care. Tovar v. Methodist Healthcare, \_\_\_\_\_ S.W. 3d \_\_\_\_\_, 2005 WL 3079074 (Tex. App., November 16, 2005).

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