O_2 Off Briefly: Court Unable To Fault Hospital's Nurses.

The patient was taken from his home to the hospital in the throes of acute renal failure.

He was paraplegic from a gunshot wound sixteen years earlier. He suffered from congestive heart failure, diabetes and hypertension.

He had not been using his supplemental oxygen at home. When paramedics arrived they started fifteen liters of O_2 through a face mask and gave IV morphine, nitroglycerine and Lasix.

At the emergency room his O_2 was reduced to two liters per minute. After two hours of observation he was ordered admitted to a med/surg unit.

His O_2 was disconnected while he was being moved to the med/surg unit. He coded as they wheeled him out of the third-floor elevator. He was revived, intubated, transferred to the ICU at a nearby university hospital and discharged home one week later.

The Court of Appeals of Mississippi would not allow the patient's lawsuit to go forward.

Failure to Follow Standard of Care Must Be Linked to Harm To Patient

The emergency room physician and a second physician brought in by the patient's lawyer to testify as an expert witness both agreed his O_2 should not have been disconnected, even briefly.

The patient's nursing expert testified the patient's nurse neglected her legal duty to monitor the patient's O_2, that is, the nurse did not pick up on the fact that O_2 was not in use during the move.

However, the court sided with the hospital's physician/expert on the issue of cause-and-effect. There was no real proof that the brief interval without his O_2, and not the complex medical problems which brought him to the hospital, was the reason he went into respiratory arrest. **Mitchell v. University Hosp. and Clinics-Holmes County, __ So. 2d __, 2006 WL 3290844 (Miss. App., November 14, 2006).**