

O.R.: Inadequate Padding, Nurses Held Responsible.

The Court of Appeals of Texas accepted the testimony of an out-of-state physician retained as an expert for the patient that the perioperative nurses share responsibility with the surgeon and the anesthesia provider to see that the patient's body and limbs are positioned and padded appropriately for surgery.

It was not altogether clear how the patient in this case sustained an injury to her brachial plexus, which the expert described as a plexopathy, while she was undergoing gynecological surgery.

However, in operating-room lawsuits the exact mechanism of injury does not always have to be made clear.

It was very clear that the patient did not have any problems with her arms or shoulders beforehand and that she was diagnosed by her own physician with an arm and shoulder injury afterward.

One of the post-anesthesia unit nursing chart entries, four hours after the end of the procedure, noted the patient was unable to move her arm after she awoke from anesthesia.

None of the other nursing charting mentioned this problem, indicating either that the other entries were falsified or the nurses were not monitoring the patient very carefully at all.

COURT OF APPEALS OF TEXAS
August 31, 2011

The patient's hired expert was particularly critical of the nursing care in the post-anesthesia unit.

Only one entry was made about the problem with the patient's arm. Then an hour later a call was placed to the physician's office but no one actually spoke with the physician until he happened to drop by sometime later that evening. **Padilla v. Loweree**, __ S.W. 3d __, 2011 WL 3841306 (Tex. App., August 31, 2011).

Med/Surg Nursing: Court Sees No Problem With Insulin, Lack Of Restraints, Lawsuit Dismissed.

The rationale behind the facility's policies for physical restraints was to provide the most therapeutic and least restrictive environment for the facility's patients.

The use of physical restraints required a time-limited order from the physician and documented clinical justification, to protect the patient from injury and/or disruption of the therapeutic environment.

The facility's policy stated that the registered nurse caring for the patient was still authorized to provide early release after restraints were ordered by the physician if the patient demonstrated a significant reduction of the behavior that led to restraints being ordered in the first place.

The jury accepted testimony from one of the patient's nurses and the hospital's nursing expert that the nurses made a correct judgment call not to restrain the patient after her transfer from the ICU to a med/surg floor, a transfer it was believed was indicated to counteract the confusion and agitation the patient had been experiencing while restrained in the ICU.

COURT OF APPEAL OF LOUISIANA
September 21, 2011

The sixty-seven year-old patient's physician had her admitted to the hospital for abnormal weight loss, nausea, vomiting, diarrhea and weakness. She had previously been worked up for renal failure and chronic respiratory problems.

Insulin

An erroneous high blood glucose level was reported by the lab. The physician ordered the nurses to do q 6 hour one touch glucose readings and specified a sliding-scale for insulin injections.

The nurses got glucose readings and documented them, all below 180, which called for no insulin to be given. In the morning a correct insulin level came back and the physician discontinued the orders.

Later that day in the endoscopy lab the patient became hypotensive and her blood glucose was only 36, but she recovered and was returned to her room.

The Court of Appeal of Louisiana ruled that the family's expert witness was able at best only to speculate that the nurses could have given insulin and caused the hypoglycemic episode.

Restraints

The patient became confused and combative and was sent to the ICU. Restraints were applied to keep her from removing her O₂ and IV. The husband asked the nurses if the restraints could be removed. He and the ICU nurses and the physician had a conference where the physician agreed to transfer her back to the med/surg floor, on the understanding the husband would sit with her.

Soon after she arrived on the med/surg floor she was found in her chair with her mask off and her IV lines out. A code was called, she was intubated and sent back to the ICU and eventually discharged home.

The jury accepted a nursing expert's testimony it was acceptable nursing judgment not to restrain the patient on the med/surg floor, given the patient's condition, her husband's agreement to sit with her and the overall goal of treatment to tone down her confusion and agitation from having been restrained in the ICU. **Hays v. Christus-Schumpert**, __ So. 3d __, 2011 WL 4374564 (La. App. September 21, 2011).