

Pediatric Care, Dehydration: Brain Damage Traced To Nursing Negligence.

The first hospital deviated from the standard of care in that the child should have been admitted to a pediatric intensive care unit.

The hospital did not have this level of care.

The emergency room physician had enough clinical information, that is, the child's tachycardia, elevated BUN and elevated creatinine to realize that the child required intensive care.

Then, once the child was admitted to the hospital's general med/surg floor there was an abrupt change in blood pressure noted by the nursing staff.

The blood pressure drop, a major change in health status, was not communicated to any physician.

That omission by the hospital's nursing staff represented a potential beginning of the child's impending clinical deterioration.

There was delay getting the child hydrated to prevent septic shock. When the child did arrive in the intensive care unit at a tertiary care facility they could not hydrate her fast enough to prevent her from coding.

COURT OF APPEAL OF LOUISIANA
November 21, 2007

The Court of Appeal of Louisiana dismissed a university-affiliated facility and its staff physicians from the patient's parents' lawsuit, ruling that the child's injuries were solely the result of negligence by the medical and nursing staff at the community general hospital where she first presented in the emergency department.

The seven year-old was brought in to the E.R. with persistent abdominal pain with diarrhea, vomiting and resulting dehydration which had not resolved with antibiotics prescribed to her as an outpatient.

She had high fever, low blood pressure, rapid heart rate and minimal urine output indicating possible renal failure. Her BUN and creatinine levels increased even with IV fluids.

Eventually she was transferred to the pediatric intensive care unit at a teaching hospital. She was already in shock. She had fluid in her lungs and thirty minutes after being intubated she coded. She is now in a persistent vegetative state.

Nursing Negligence

The court believed the child belonged in pediatric intensive care from the start and the court faulted the nursing care on the first hospital's med/surg unit, where the child never belonged in the first place.

An abrupt drop in the child's blood pressure should have been recognized by the med/surg nurses as an ominous sign that had to be communicated promptly to a physician, given the child's clinical picture on admission, the court said.

No actual harm had occurred when the child's blood pressure dropped, the court said. However, failure of the nurses to communicate with a physician was the starting point of a series of events leading eventually to a situation where the child could not be hydrated rapidly enough to reverse renal failure, shock, respiratory distress, cardiac arrest and irreversible hypoxic brain damage. ***Franklin v. Tulane University Hosp.***, ___ So. 2d ___, 2007 WL 4304428 (La. App., November 21, 2007).