

Emergency Room: Pediatric Assessment, Care, Nausea, Vomiting, Dehydration (Continued).

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Deviations from Standard of Care

Pediatric Nurse Practitioner

The NP fell below the standard of care and was negligent by failing to recognize that the child was at least moderately dehydrated and required, at a minimum, oral replacement therapy to be given in the E.R.

The NP failed to obtain vital information from the mother including the duration, quantity and contents of the child's vomiting and the quantity, frequency and consistency of her stools over the past few days.

She also fell below the standard of care by failing to obtain and document information regarding the amount of the child's oral intake, appetite and urinary output over the past few days.

The NP fell below the standard of care by failing to obtain and document information regarding whether other family members were ill, whether the child attended day care and whether she had traveled recently.

The NP fell below the standard of care and was negligent by failing to obtain an adequate physical assessment of the child.

The NP did not adequately assess the child's mental status. She did not document the presence or absence of lethargy or anxiety. Documenting that a 21-month old is "alert and oriented" is not adequate.

The NP fell below the standard of care by failing to obtain the child's respiratory rate, blood pressure and oxygen saturation upon admission to the emergency room.

She also failed to meet the standard of care by allowing the child to be discharged without a second set of vital signs including temperature, heart rate, respiratory rate and blood pressure.

The NP was negligent by failing to assess and document the child's skin turgor including whether her eyes were sunken.

The NP deviated from the standard of care and was negligent when she failed to compare the child's usual weight with the weight obtained in the E.R. The mother informed the staff that the child's weight was down three pounds compared to the

last weight done in her pediatrician's office. This weight reduction is consistent with severe dehydration because it indicates that the child had a nearly 11% weight reduction.

Since the child appeared ill and anxious and had a weight reduction consistent with severe dehydration, the NP was negligent when she failed to obtain lab studies (including urine specific gravity and if abnormal serum electrolytes, serum creatinine and serum BUN). If she had, the child's urine specific gravity and blood urea nitrogen more than likely would have been consistent with moderate to severe dehydration.

The NP was negligent when she discharged the child from the E.R. rather than initiating oral replacement therapy with oral rehydration solution (such as Pedialyte) over several hours.

The NP fell below the standard of care and was negligent when she instructed the mother to give the child Benadryl 6.25 mg every six to eight hours and when she failed to give specific written instructions about the signs and symptoms of worsening dehydration (as listed above) and to return to the E.R. if the child did not tolerate the oral replacement therapy at home (approximately one cup or more per hour until bedtime) or if she did not have an adequate urinary output (i.e. wet diapers).

Nurse Practitioner's Negligence

As Cause of Child's Death

The child had vomiting and diarrhea secondary to acute gastroenteritis and was moderately to severely dehydrated and needed treatment to replace her fluid deficit.

The autopsy findings constitute overwhelming evidence that the child's death was more than likely proximately caused by inadequately treated dehydration. The medical examiner found that the child appeared dehydrated with markedly sunken eyes, had dry appearing conjunctivae, had no urine in her bladder and had a postmortem BUN consistent with severe dehydration (57 mg/dL).

The comparison of the child's weight just prior to her death to her usual weight indicates that she was more than likely moderately to severely dehydrated while she was in the E.R.

The child also had fungal esophagitis, but this infection does not usually cause any significant problems and can easily be treated with an oral antifungal medication.

Fungal esophagitis did not cause the child's death although it may have caused her to experience pain upon swallowing.

The inadequate history and physical examination that was taken by the NP and the emergency room nurse caused the child's death.

If the NP, the physician or the emergency room nurse would have obtained an adequate history from the mother about the quantity and frequency of her vomiting and diarrhea, the NP, the physician or the emergency room nurse more than likely would have realized that the child was moderately to severely dehydrated and needed a trial of oral replacement therapy in the emergency room.

If the NP, the physician or the nurse had noted the child's respiratory rate and taken her blood pressure and conducted an adequate physical examination (including assessment of skin turgor) the NP, the physician or the nurse more than likely would have realized that she was moderately to severely dehydrated and needed the trial of oral replacement therapy in the emergency room, and if unsuccessful, intravenous fluids with possible admission to the hospital.

The Court went on to endorse the board certified emergency room physician's opinions as to the standard of care for an emergency physician supervising a nurse practitioner in the emergency room when caring for a dehydrated pediatric patient, finding that the physician's deviation from that standard of care also contributed to the unfortunate outcome. **Benish v. Grotte**, __ S.W. 3d __, 2009 WL 417264 (Tex. App., February 19, 2009).