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Post-Operative Care: Court Says Nurses Should Have Advocated For Their Patient.

The patient's right internal iliac artery was cut during lumbar laminectomy and discectomy surgery, a fact the surgeon failed to spot before closing and sending the patient to the hospital's post-anesthesia care unit (PACU).

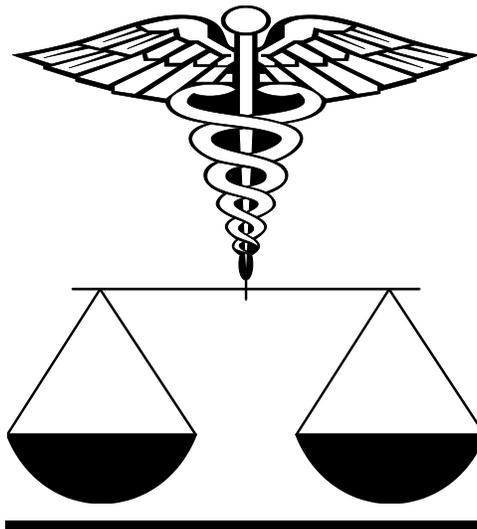
The patient ultimately died from hypovolemic shock caused by untreated internal bleeding.

Nurses Failed To Recognize the Signs, Advocate For the Patient

The Court of Appeals of Texas ruled the patient's family's nursing and medical experts' opinions correctly stated the standard of care for the PACU nurses and correctly related the patient's death to a breach of the standard of care by the nurses.

The nurses should have recognized the obvious signs of hypovolemia and realized that in a post-surgery patient it most likely indicated internal hemorrhage which could have fatal consequences if not addressed immediately by the treating physicians.

The patient's BP was 80/50 when she left the operating room and 88/31 in the PACU with a heart rate of 121. Her skin was pale and her abdomen had swollen to the point it resembled that of a woman in the late stages of pregnancy.



The standard of care requires a post-anesthesia recovery nurse to recognize the signs of hypovolemia and to act as the patient's advocate.

If the physicians refuse to come and see the patient the nurse must institute the chain of command by going to a nursing supervisor to get another surgeon and/or anesthesiologist to respond.

COURT OF APPEALS OF TEXAS
June 30, 2011

The nurses should have asked the surgeon to come to the bedside and consult with a vascular surgeon. They should have obtained orders for rapid infusion of intravenous fluids and at the same time taken steps to have an operating room readied for immediate surgery, in the experts' opinions.

Nurses not only have the right but also the legal obligation rapidly to institute the hospital's chain of command when the physicians treating the patient fail to take appropriate action.

Instituting the chain of command involves getting a nursing supervisor involved who has the clout to get another surgeon, vascular surgeon and/or anesthesiologist to come to the bedside to provide appropriate care.

Surgeon Also Faulted

Although the PACU nurses were guilty of errors and omissions which led to the patient's death, the family's lawsuit also faulted the surgeon for cutting the patient's artery in the first place and for closing without recognizing that he had done so.

In addition, there were issues raised about the physician-credentialing process at the hospital which allowed this surgeon to practice with a history of questionable outcomes. ***Renaissance Healthcare v. Swan***, ___ S.W. 3d ___, 2011 WL 2566275 (Tex. App., June 30, 2011).

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