

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Preeclampsia: Nurse Failed To Monitor High-Risk Patient After Cesarean, Ruled Negligent.

The patient was admitted to the hospital's labor and delivery unit for the birth of her fourth child. She had a history of pregnancy-induced hypertension and preeclampsia.

Her child was delivered at 7:00 p.m. via cesarean. She was sent to the recovery room and then to post-partum where she was put on an automatic blood pressure cuff which took her BP and read her pulse every ten minutes.

The physician's post-operative orders included checking the incision site and vagina for bleeding every half-hour and later every hour.

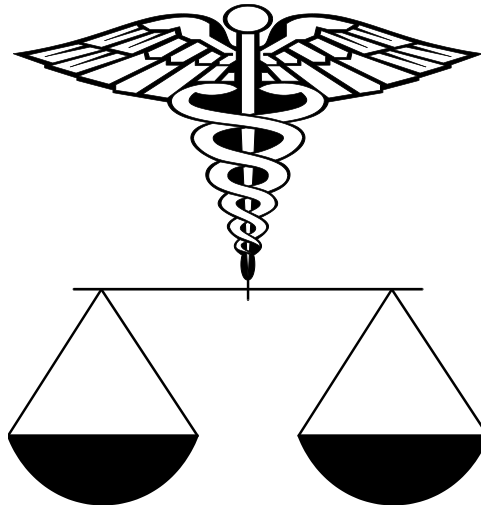
She was the only patient on the post-partum unit that night.

Her condition began to decline. Blood pressure and pulse were erratic and there was no urine output.

The patient's partner who remained at the bedside paged the nurse when the patient started sweating and having hot flashes, but there was no response.

The nurse finally arrived at 1:00 a.m. but the only assessment she charted was that the patient was resting comfortably. The BP, however, was quite low and the pulse was rising.

At 2:26 a.m. another nurse came in and picked up on the widening difference between systolic and diastolic pressures. She told the first nurse to give a bolus of IV fluid.



The failure of the patient's obstetric nurse to appreciate the drastic fall in BP with a rise in her pulse and no urine output, classic signs of blood-loss shock, was a gross violation of the standard of care.

After the patient began to show signs of shock, not getting a physician to the room for twenty-five minutes was another violation.

UNITED STATES COURT OF APPEALS
FOURTH CIRCUIT
December 8, 2011

Twenty minutes later an alarm sounded for low diastolic pressure. By that time the patient was clammy, sweating profusely and unresponsive, having gone into hypovolemic shock.

The physician had to be called twice. He got to the patient's room twenty minutes after the second call.

When the patient was moved out of her bed for transport to surgery there was a significant amount of blood in the hospital bed that was apparently discovered for the first time then.

The patient was found to have suffered from disseminated intravascular coagulopathy related to HELLP syndrome, a severe complication of preeclampsia. She lost almost half her blood volume which resulted in a stroke and severe brain damage.

The US Court of Appeals for the Fourth Circuit believed that the patient's nurse could have prevented the patient from going into shock by monitoring the patient competently and could have prevented her from having a stroke when she went into shock by getting a physician to the room immediately. The Court approved a \$900,000 judgment from the hospital for nursing negligence. **Creekmore v. Maryview Hosp.**, __ F. 3d __, 2011 WL 6091740 (4th Cir., December 8, 2011).

Inside this month's issue...

January 2012

New Subscriptions
See Page 3

Preeclampsia/Nurse Failed To Monitor Patient - Skin Care/ICU Patient's Fall/Stand-By Assistance - Emergency Room/Psych Patient O.R./Bovie/Oxygen/Fire - Latex Allergy/Nursing Assessment Lifting/Reasonable Accommodation/Disability Discrimination Discrimination/Nurse Did Not Follow Procedures - Sexual Abuse Contraindicated Medication/Nurse As Patient's Advocate Jail Nursing/Neurological Checks/Stroke - Medication Mix-Up Visitor/Slip And Fall - Long Term Care Nursing Standards