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LEGAL EAGLE EYE NEWSLETTER

December 2003

For the Nursing Profession

Volume 11 Number 12

Digoxin Overdose: \$1.5 Million Punitive Damages.

The fifty-eight year-old patient went to the hospital's intensive care unit following cardiac bypass surgery.

On his second post-op day he began to have cardiac arrhythmia. The graduate nurse caring for him asked her supervising nurse what to do and was told to phone the cardiologist.

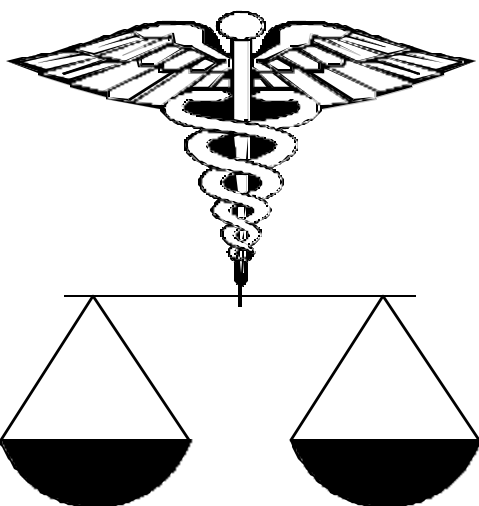
The cardiologist ordered .25 mg of digoxin. The graduate nurse said the cardiologist ordered 1.25 mg, so the supervising nurse phoned for 1.25 mg of digoxin from the pharmacy.

However, believing the patient was rapidly getting worse, the supervising nurse told the graduate nurse not to wait for the medication from the pharmacy but instead to get the digoxin to fill the order from the stocks kept in the ICU and give it right away.

The graduate nurse, acting alone without supervision, obtained three .5 mg vials from the ICU stocks and pushed two and one-half of them into the patient's IV line, that is, 1.25 mg.

Shortly thereafter the hospital pharmacist phoned the supervising nurse to question the amount of the digoxin order she had phoned in. Only then did she realize she had allowed the graduate nurse to push five times the amount that was actually ordered.

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The graduate nurse did not know better than to give five times what was ordered.

The supervising nurse did not question the medication order the graduate nurse said the physician gave her.

The charge nurse did not clarify the supervising nurse's responsibility to watch the graduate nurse carefully and check her medications.

SUPREME COURT OF ALABAMA

October 31, 2003

Pressure Sore Was Avoidable: Civil Monetary Penalty Upheld.

Federal regulations for long-term care facilities require a facility to ensure that a resident who enters the facility without a pressure sore does not develop a pressure sore unless the resident's clinical condition was such that a pressure sore was unavoidable.

A resident who has or who develops a pressure sore must receive necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

The Court of Appeals of Ohio pointed out in a recent decision that a state survey team only has to establish that a resident developed a pressure sore some time after admission.

Then the legal burden of proof is upon the nursing facility to prove the quality of the resident's care was so good that the pressure sore was unavoidable. If the facility cannot prove the care was good enough, the pressure sore is considered avoidable and a civil monetary penalty can be imposed.

The Court of Appeals reviewed the nursing care plan itself and how it was and was not carried out and found the facility's quality of care substandard.

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