

Pre-Surgery Meds: Hospital Must Have Policy For Nurses To Know, Follow Surgeon's Preferences, Court Rules.

The patient was admitted to the hospital for ear surgery. During the surgery the surgeon encountered uncontrollable bleeding that made it necessary for the surgeon to stop the surgery.

The extent of the harm suffered by the patient was not specified in the court record of the Superior Court of Pennsylvania. The record did indicate that the patient sued the hospital for the negligence of the hospital's nurses who cared for the patient during her pre-surgical admission.

The trial court, however, entered a judgment in favor of the hospital, and the Superior Court upheld the trial court.

What Happened

The patient's bleeding was traced to the patient having received Naprosyn less than seventy-two hours prior to surgery.

However, in court at trial there was no evidence the nurses knew the surgeon routinely contraindicated Naprosyn for his pre-surgery patients due to the heightened risk of excessive bleeding.

There was no evidence the nurses were negligent for going against a surgeon's standing preferences, as there were no specific orders from the surgeon communicating his preferences to the nurses.

What Should Have Happened

The hospital did have a policy that a surgeon's general preferences regarding pre-surgical medications were supposed to be brought to the nurses' attention without any specific orders. The hospital also had procedures in effect for nurses to report up the chain of command when a patient actually received a contraindicated medication too soon before surgery.

It was true there was a breakdown in the hospital's policies and procedures in this case. The patient's problem in court was that the true story was not brought up until after the case was on appeal, which is too late. **Boring v. Conemaugh Memorial Hospital**, 760 A. 2d 860 (Pa. Super., 2000).

A hospital should have a policy for nurses to know the surgeon's standing preferences for what medications are not to be given to the surgeon's patients within specified times before surgery. That should not depend upon specific orders from each surgeon for each patient for each and every conceivable medication.

A hospital should have a procedure for nurses to report up the chain of command when a patient has taken or been given a medication that goes against the patient's surgeon's standing policy.

The hospital's policies and procedures have to be communicated to the nursing staff.

There must be specific directions for recording the surgeon's preferences ahead of time and for communicating them to the nursing staff.

The nurses must be made aware whom to inform if there is a problem and how that person will get the information to the surgeon.

SUPERIOR COURT OF PENNSYLVANIA,
2000.

Sponge Left Inside Patient: Court Finds No Negligence In This Case.

The patient had emergency surgery to repair an aortic aneurysm. Sponge counts before and after this procedure accounted for all the sponges that were used, indicating none had been left inside the patient.

The patient went to the recovery room. A sharp drop in the patient's blood pressure was noted by the surgeon, indicating excessive internal bleeding. The surgeon had no choice but to bring the patient back into the operating room and re-operate to repair the bleeding.

Correct Sponge Count Sponge Intentionally Left In

At the end of the second procedure the circulating nurse told the surgeon one sponge was missing. Under the circumstances the surgeon elected to leave the sponge inside. An xray confirmed that one sponge indeed was inside.

The patient died two weeks later. It was not proven the sponge was a factor in her death. The patient's widower sued the hospital and the surgeon for negligence. Prior to the suit being filed a medical review panel considered the case and found no negligence. The panel also believed the sponge left inside the patient did not have anything to do with causing her death. The local parish court dismissed the case and the Court of Appeal of Louisiana agreed to dismiss the case.

No Res Ipsa Loquitur

When surgical sponges are left inside patients medical malpractice cases are routinely filed and won on the basis of the legal rule *res ipsa loquitur*.

However, the court said under the circumstances this was not the right situation to apply that rule. The nurse and scrub tech did a correct sponge count and the physician made a reasoned decision to leave the sponge inside the patient. **Walston v. Lakeview Regional Medical Center**, 768 So. 2d 238 (La. App., 2000).