

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Pulse Oximeter: Court Says Continuous Monitoring Would Have Saved Patient's Life.

The patient came in to the hospital's emergency department where he was diagnosed with diabetic ketoacidosis.

An ICU bed was not available so the physician admitted him to a step-down unit for critical patients who require more care than that provided on a regular med/surg floor.

On the step-down unit the patient was further diagnosed with pancreatitis, MRSA and pneumonia.

A physician ordered Ativan for restlessness, morphine for pain and Phenergan for nausea, all of these medications on a prn basis.

That same afternoon the patient became increasingly restless and agitated and began pulling his IV and O₂ lines, so Haldol was ordered by the physician and given by the patient's nurse.

Around 1:45 a.m. the next morning a nurse gave the patient morphine, Phenergan and Ativan at the same time.

When they checked on the patient at 3:40 a.m. his respirations were only 8 and his pulse and BP were barely detectable.

The patient was promptly intubated and sent to the ICU but had already sustained profound hypoxic brain damage. He died twelve days later soon after life support was withdrawn.



If the nurses had kept the pulse oximeter on the patient's finger continuously and set the alarm there was a reasonable probability the patient would have survived, even after the combination of respiratory-depressive medications he was given earlier that a.m.

The pulse oximeter is a simple, effective and non-invasive device.

COURT OF APPEALS OF TEXAS
May 22, 2012

No Pulse Oximeter

Court Upholds Family's Lawsuit

The Court of Appeals of Texas looked carefully at the complex technical legal and medical issues and validated the opinions of the family's medical expert as grounds for a lawsuit.

The patient's nurses should have recognized the patient's potential for respiratory complications from his medical diagnoses.

The nurses should also have appreciated the risk of respiratory depression from the combination of medications he was given during the night for restlessness, nausea and pain as well as from the Haldol he was given earlier that afternoon for sedation.

According to the family's expert, the patient's nurses should have left the pulse oximeter continuously on his finger and set the alarm on the equipment to sound if his O₂ sat dropped below an acceptable reading.

The Court was satisfied from one of the patient's nurse's testimony that an alarm from the pulse oximeter equipment would have brought a nurse to the bedside right away and that the nurse would have put the wheels in motion to have him intubated and sent to the ICU in time to have saved his life. **Constancio v. Shannon Med. Ctr., 2012 WL 1948345 (Tex. App., May 22, 2012).**

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