

## Scope Of Practice: Discipline For Nurse Who Refused To Follow Physician's Order.

A registered nurse provided direct patient care to the residents of the licensed adult family home she owned and operated.

One resident had had prior complications from a combination of a blood thinner and an antibiotic prescribed by the patient's physician. The resident had had to be hospitalized for bleeding in her eye and on discharge from the hospital the blood thinner was ordered discontinued.

The same resident, later the same year, had to be hospitalized for fever and abdominal pain. The patient's attending physician at the hospital diagnosed an infection of a prosthetic limb implant. The hospital physician prescribed antibiotics.

Fearing a potentially fatal deep vein thrombosis in the leg, the hospital physician also prescribed enoxaparin, a blood thinner, for one month after discharge.

With the resident back in the adult family home the nurse decided not to give the enoxaparin, fearing a recurrence of the past problem with bleeding in her eye.

For nine days the nurse withheld the enoxaparin while she tried to contact the primary care physician, not the physician at the hospital who prescribed the enoxaparin. She actually gave one dose before an order came from the primary care physician to discontinue the medication.

### **Refusal to Give Medication Leads to Administrative Sanctions**

The nurse was cited by two separate state agencies, as to her license to operate a group home and as to her license to practice as a registered nurse. She paid a fine and kept her group home license.

Her nursing license was placed on probation for two years and she was required to attend remedial nursing education classes. She appealed that ruling.

The Court of Appeals of Washington upheld the conditions placed on her nursing license. The hospital physician testified it was her medical judgment that the benefit of the medication as prophylaxis against a potentially fatal deep vein thrombosis trumped the risk of possible eye complications. **Stevenson v. State**, 2015 WL 3422170 (Wash. App., May 27, 2015).

***The scope of practice of a registered nurse does not include the authority unilaterally to decline to follow a physician's order.***

***When a registered nurse has concerns about a physician's order, the nurse should try as soon as possible to contact the physician who gave the order to discuss the nurse's concerns.***

***Failure to follow the treating physician's medication order and failure to attempt to contact the treating physician placed this nurse's patient at an unreasonable risk of harm.***

***Although the patient in this case suffered no actual harm from missing her medication, the patient could have suffered significant harm including death as a result of the nurse's actions.***

***A nurse has a legal duty to communicate significant changes in the patient's condition to the physician.***

***In this case that meant that the nurse had to communicate to the physician who wrote the order for the enoxaparin that she was not giving it due to her concerns over complications.***

COURT OF APPEALS OF WASHINGTON  
May 27, 2015

## Trip On Feeding Tube: Court Lets Case Go Forward.

A friend was visiting a friend who was a patient in the hospital. The patient was in bed. The patient motioned for his visitor to come around to the side of his bed.

As the visitor walked past the head of the bed the patient decided it would be better to go around to the other side of the bed, so the visitor began walking back around the near side and then the foot of the bed to get to the other side.

While she was walking around the bed the visitor's foot got tangled in a feeding tube hanging over the side. She tripped and fell and sustained personal injuries.

***The visitor's lawsuit alleged that the hospital's nurses departed from the legal standard of care in the community by permitting a hazard to remain in place.***

***The hazard was medical tubing draped upon the floor in or around a patient's bed, which the nurses should have known created a hazard of falling for the patient's visitors.***

COURT OF APPEALS OF TENNESSEE  
June 15, 2015

The Court of Appeals of Tennessee ruled this case is a premises liability case and not a medical malpractice case. Thus the patient is entitled to a special grace period granted by the state legislature as to the statute of limitations after legislation was enacted to clarify the distinction between malpractice and garden-variety negligence occurring in healthcare settings.

According to the Court, the action of leaving a section of medical tubing in a dangerous place, creating a tripping hazard, does not bear a substantial relationship to the rendition of medical treatment and thus does not involve issues of professional judgment. **Coggins v. Holston**, 2015 WL 3657778 (Tenn. App., June 15, 2015).