

Na Replacement: Nurse Gave Too Much Saline, Too Quickly, Patient Sustained Brain Injury.

The fifty-seven year-old patient was brought to the emergency room by her daughter.

The patient was obviously confused and had difficulty keeping her balance.

Her history revealed she was taking a diuretic for high blood pressure. Lab tests showed she had low serum sodium. The physicians decided to replenish her sodium with IV saline.

The plan was for saline to infuse at 125 mL per hour. The emergency room nurse, however, infused a whole one-liter bag in one hour. After the one hour the patient's serum sodium reportedly was 23 mEq higher than before.

The patient was admitted when she began showing neurological deficits and eventually went to brain-injury rehab.

The emergency department nurse gave the patient a whole liter of IV saline solution in one-hour, causing her serum sodium to jump 23 mEq.

The patient suffered permanent brainstem damage in the form of central pontine myelinolysis.

After leaving specialized rehab the patient lives at home with home care.

COURT OF COMMON PLEAS
ALLEGHENY COUNTY, PENNSYLVANIA
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The jury in the Court of Common Pleas, Allegheny County, Pennsylvania awarded cash and a lifetime annuity, total value in excess of \$5,000,000.

The experts faulted the nurse, the hospital's practices for training and supervising nurses and the treating physicians as well. Sodium replacement must be monitored carefully so as to occur gradually, at a rate not to exceed 10 to 12 mEq in the first 24 hours, they said.

An error apparently occurred in transcription of the physician's order into the patient's chart, but the experts testified that the nurse nevertheless should have spotted the order for too-rapid sodium infusion as a mistake and not gone ahead without clarification. ***Pfeifer v. Chughtai, 2009 WL 754809 (Ct. Com. Pl., Allegheny Co., Pennsylvania, February 5, 2009).***