

## Toxic Epidural Necrosis: Physicians Did Not Read The Nursing Notes.

The patient's primary care physician referred her to a nephrology specialist for a work-up of kidney dysfunction.

Six years later the same primary care physician started her on allopurinol for gout.

Two months after that she began to have new symptoms of illness which she reported to the nephrologist at whose clinic by now she was receiving dialysis.

Soon after that she had to go to an emergency room for a serious rash.

The rash was actually the onset of toxic epidural necrosis, a known complication of excessive doses of allopurinol in a patient with poor renal elimination.

That condition quickly progressed to the point she had to be hospitalized in a teaching hospital's burn unit where she finally died from multi-organ failure.

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***The family's medical experts testified it was below the standard of care for the physicians not to look at the nurses' notes which clearly documented that the patient was on allopurinol and recorded a dosage which could be toxic to a patient in renal failure.***

APPELLATE COURT OF ILLINOIS  
April 23, 2014

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The Appellate Court of Illinois approved a large verdict for the patient's family against all of the physicians involved in her care.

The allopurinol dose was documented by the nurses who took patient histories in the primary care clinic, the dialysis clinic and the E.R., but all the physicians simply neglected to look at the nurses' notes. The family's experts testified that was medical malpractice. Francisco v. Kozeny, 2014 WL 1673048 (Ill. App., April 23, 2014).

## Post-Stent Care: Court Says Nurses Not At Fault.

The patient, a prisoner, was taken to an outside medical facility for coronary angioplasty with stent placement.

The first procedure was followed in the hospital with the same procedure a second time six days after the first.

The hospital nursing progress notes the day after the second procedure referred to bruising and a small lump at the catheter entry site.

The next day's nursing note was a small right groin hematoma, improved tenderness and size unchanged.

The patient was discharged back to the prison the day after that with Tylenol #3 to take as needed for pain.

Starting a week later the patient began being seen by nurse practitioners, nurses and physicians in the prison infirmary for stinging and burning in his leg and ongoing reports of chest pains. His vital signs were always normal and he was never in acute distress. He got teaching for his nitro and his aspirin and metoprolol were increased.

A theme began to emerge of the patient seeking to be excused from work details and then following up with repeat visits to the clinic. That continued more than two years until he filed a lawsuit.

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***The patient's medical records refute his legal claim. His medical records reveal that he has always received abundant and appropriate care.***

UNITED STATES DISTRICT COURT  
TEXAS  
May 2, 2014

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The US District Court for the Southern District of Texas dismissed the civil-rights lawsuit the patient filed against the medical facility which treated him outside the prison and provided medical staff inside.

Caregivers took his complaints at face value and provided competent and complete care. He had a history of at least three prior lawsuits dismissed as frivolous or malicious. Redmond v. UTMB, 2014 WL 1775618 (S.D. Tex., May 2, 2014).

## Skin Care: Court Rules Facility Was Not At Fault.

The elderly patient developed pressure sores during her stay in the nursing home.

After her death, her son as her heir sued the nursing home for damages for the pain and suffering his mother endured from the pressure sores.

The nursing home countered with affidavits from two nursing experts, one the home's director of nursing and the other an outside nursing consultant certified in wound, ostomy and continence care.

The experts admitted that the patient developed two Stage II lesions. Nevertheless, the only relevant fact was that her care was appropriate in all respects.

She was assessed as at-risk for loss of skin integrity, and when breakdown started she was provided with a pressure-reducing mattress and positioned with the head of the bed always elevated. Frequent skin assessments were added to the care plan and documented as being carried out.

Her care further included an effort to increase her nutrition and specific ointments were used to treat her wounds.

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***The son of the now-deceased patient has been a registered nurse for twenty years, but he has no background in wound, ostomy or incontinence care.***

***He can testify as a lay witness, but not as an expert.***

COURT OF APPEAL OF LOUISIANA  
May 14, 2014

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The Court of Appeal of Louisiana dismissed the son's lawsuit. The Court expressly discounted the son's affidavit as an expert witness for the case.

The son could testify as an ordinary lay witness. However, the only testimony in the case that came from qualified experts detailed how the nursing home complied with the standard of care. That mandated a ruling in the nursing home's favor. Ladart v. Harahan Living Ctr., \_\_\_ So. 3d \_\_\_, 2014 WL 1923199 (La. App., May 14, 2014).