

LEGAL EAGLE EYE NEWSLETTER

November 2003

For the Nursing Profession

Volume 11 Number 11

Urinary Catheterization: Nurse Followed Proper Procedures, Lawsuit Dismissed.

The patient was to have an exploratory laparotomy due to persistent lower abdominal pain. After the patient was under general anesthesia the scrub nurse gave the circulating nurse a flexible latex urinary catheter to be inserted and remain during the surgery.

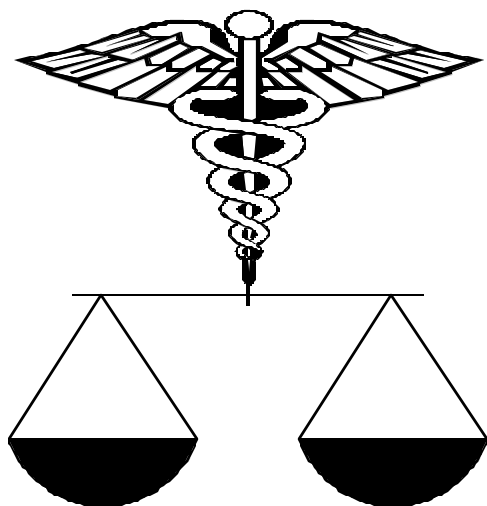
The circulating nurse applied about ten cc's of lubricant and inserted it through the meatus into the urethra.

Resistance was encountered so the nurse withdrew the catheter slightly and rotated it to determine if the catheter had kinked and for that reason was not going in easily.

Some reddish fluid was seen coming out into the waste discharge tubing. The nurse withdrew the catheter entirely and notified the physician who was scrubbing for the surgery in an adjacent room.

The surgeon tried a smaller-diameter catheter to obtain some of the fluid to see if it was blood or just dark urine. He decided it was probably blood and called in a urologist.

The urologist did a cystoscopy, found a urethral stricture and dilated the stricture so that a #18 French catheter could be inserted. Then the diagnostic abdominal laparotomy went forward. Abdominal adhesions were lysed and the appendix was removed.



In a patient with an existing urethral stricture the mucosa is so friable that tears can occur and result in bleeding even when the utmost care and caution are used in catheterization.

The nurse acted within the standard of care by rotating and withdrawing the catheter when resistance was met and calling the physician.

SUPERIOR COURT OF PENNSYLVANIA
September 19, 2003

The Superior Court of Pennsylvania upheld the jury's verdict ruling out any negligence by the nurse and the physicians.

Patients with pre-existing urethral strictures have urethral mucosae so fragile that injury can occur in catheterization even when the utmost care and caution are used, according to expert testimony the court accepted.

Urethral stricture is a condition a nurse is not expected to know about before attempting catheterization. Bleeding and damage to the urethral mucosa, in and of themselves, do not indicate that a nurse used excessive force in attempting the catheterization.

However, as in this case, when resistance is encountered and the catheter is determined not to have kinked, or bleeding appears, the catheter must be withdrawn and a physician contacted to determine the cause and what to do about it, even if it means a consult with a urology specialist.

The court did believe that a surgical patient has the right to be informed ahead of time that urinary catheterization will be part of the procedure. However, the court dismissed that part of the patient's suit on a technicality. **Tucker v. Community Medical Center, ___ A. 2d ___, 2003 PA Super 356, 2003 WL**

Inside this month's issue ...

November 2003

[New Subscriptions](#) Page 3

Urinary Catheterization/Urethral Stricture/Nurse Not Negligent
Surgery On Wrong Hand/Nurse Did Not Alert Doctor To Error
Medicare/Medicaid/New CMS Regulations/Long-Term Care
Hospices/Accreditation Standards/Medicare/Medicaid
Nursing Home Negligence/Arbitration Agreement Voided
Blood Re-Infusion/Jehovah's Witness - Combative Patient/Restraint
Male Nurse/Russian Nurse/Employment Discrimination
Emergency Room/Child Abuse Investigation