

Respiratory Depression: Nurse Failed To Monitor, Chart Vitals While Giving Versed.

The forty year-old patient was diagnosed with probable acute renal failure and sepsis soon after arriving at the hospital around noon.

The physicians were not able to admit him to a med/surg unit right away and had to keep him in the emergency department.

At 8:30 p.m. he started showing signs of agitation and confusion.

By 11:20 p.m. his oxygen saturation on room air had fallen to 88% so the emergency room nurse tried to put him on O₂ via a nasal cannula. The patient, agitated and confused, kept pulling off the cannula and was pulling out his IV and so he was placed in a physical restraint.

Around 1:00 a.m. the physician decided to send him for an abdominal CT scan to see what was going on with his kidneys. The same E.R. nurse who had been taking care of him took him for his CT. The patient was unable to lie still, even though restrained, and so the CT was deferred for the time being. The patient was returned to the emergency department.

Another nurse gave him Ativan at 2:45 a.m. for agitation. The first nurse then gave three doses of Versed at ten-minute intervals between 3:30 and 3:50 a.m. in preparation for a second try at a CT and then transported him to the CT room.

At 4:12 a.m. the patient coded in the CT room and suffered a major brain injury from being asystolic for nine minutes. He is now in a long-term brain-injury facility.

There was no charting of any monitoring of the patient's condition, vital signs or O₂ sat for four hours before the code, despite the fact the patient had been showing signs of respiratory difficulty for hours and then received multiple doses of Versed.

The \$6,000,000 settlement of the case filed in the Superior Court, San Francisco County, California was apportioned 85% against the nurses and 15% against the physicians. ***Weatherspoon v. San Francisco, 2008 WL 5978919 (Sup. Ct. San Francisco Co., California, January 23, 2008).***

(Editor's Note: We first covered this case in August, 2008 and are now able to offer a more detailed version of the story.)

The hospital had protocols in effect for use of Versed in the emergency department.

Versed can cause serious life-threatening cardiorespiratory effects including loss of protective reflexes.

Close monitoring of level of consciousness, oxygen saturation and cardiac function is necessary so that changes in level of sedation and oxygenation can be detected before a patient suffers serious hypoxic injury to the brain and other vital organs.

The patient's nurse admitted he was required to monitor and chart vital signs and oxygen saturation on a continuous basis while his patient was on multiple doses of Versed and could offer no explanation for his failure to do so.

There was also no documentation to clarify whether the patient actually was on supplemental oxygen or was just breathing room air as his agitation and confusion progressed.

The emergency room nurse admitted to his colleagues he made serious mistakes in this patient's care.

SUPERIOR COURT
SAN FRANCISCO COUNTY, CALIFORNIA
January 23, 2008
