

BIPAP: Nurse Did Not Oxygenate Patient During Transport.

The patient was on biphasic positive airway pressure (BIPAP) in his med/surg hospital room.

The attending physician ordered the patient transferred to intensive care.

A hospital nurse disconnected his oxygen mask from the in-room oxygen supply and proceeded to transport him to the intensive care unit.

However, the nurse did not reconnect an oxygen supply from any other source to the patient's oxygen mask before or during transport.

By the time the patient arrived in the ICU he was cyanotic and unresponsive. He soon went into respiratory arrest, became hypotensive and died.

The Court of Appeals of Texas saw grounds for a lawsuit by the family against the hospital. The hospital's objections to the lawsuit focused on technical interpretation of waiver of sovereign immunity under Texas law, which the Court overruled. Uvalde v. Garcia, __ S.W. 3d __, 2014 WL 5838940 (Tex. App., November 12, 2014).

Patient Ingested Pill Packaging: Court Sees No Negligence.

The patient began spitting up blood and stopped breathing during a visit from a family member. After she was intubated the physicians recovered a plastic and foil pill blister pack from her esophagus.

The patient's nurse testified she had given six different medications with applesauce to help her swallow, then threw the individual pill packs in the trash.

The Court of Appeals of Michigan ruled there was no cogent explanation how or why the patient ingested the pill packaging, and her doing so did not necessarily imply any negligence by the patient's nurse. Via v. Beaumont, 2014 WL 5364119 (Mich. App., October 21, 2014).

Confidentiality: Patient Can Sue For Unauthorized Access To Chart.

On admission for delivery of her baby the patient wrote on her medical privacy authorization form, in all capital letters and with two exclamation points, that her ex-husband's girlfriend whom she named, an ICU nurse at the hospital, was not to be allowed to see her medical chart.

Nevertheless, despite assurances that it would not be allowed to happen, the ICU nurse did access the patient's chart during a subsequent admission to the neuro ICU.

The information gleaned from the chart was used by the ex-husband in their child custody dispute. The nurse was fired. The patient sued the hospital.

The hospital is not liable for invasion of privacy. The ICU nurse's actions were outside the scope of her duties as a nurse.

However, the hospital can be liable for failing to enforce its own existing policies against unauthorized access to a patient's confidential medical records.

COURT OF APPEALS OF MICHIGAN
November 4, 2014

The Court of Appeals of Michigan ruled the hospital was not responsible for the ICU nurse's invasion of the patient's privacy and intentional infliction of emotional distress, because the ICU nurse was not acting within the scope of her duties as a hospital nurse and was not providing care to a patient when she accessed the patient's chart for purely private reasons of her own.

However, the hospital could be held liable to the patient for an apparent lapse in enforcement of its own existing policies and procedures that were designed to prevent unauthorized access to confidential patient information. The patient would not need testimony from an expert witness to prove that point. Ware v. Bronson, 2014 WL 5689877 (Mich. App., November 4, 2014).

Bowel Ischemia: Patient Can Sue Over Nurses' Faulty Monitoring.

The patient came to the emergency department at 12:35 a.m. complaining of stomach pain and nausea.

At 4:17 a.m. she was diagnosed with an obstruction of the small bowel. No bed was available in the med/surg department so the patient was kept in the emergency department ten more hours before she went to a med/surg floor and then to surgery.

When she did get to surgery it was necessary to remove a major section of intestine that was ischemic and gangrenous, leaving her with short-gut syndrome.

Time was of the essence when the patient became pale and diaphoretic and began vomiting.

Those were signs of sepsis from ischemia of her small bowel. Surgery was necessary to prevent progression of the sepsis.

COURT OF APPEALS OF ARIZONA
October 30, 2014

The Court of Appeals of Arizona accepted the allegations against the nurses raised in the patient's lawsuit.

The emergency department nurse failed to take vital signs for several hours and did not report to the emergency department physician or phone the on-call surgeon when the patient became pale and diaphoretic and started vomiting.

The med/surg nurse failed to report to the surgeon when the patient became lethargic and confused and no longer had bowel sounds in her abdomen.

The Court accepted further expert medical testimony that time was of the essence in recognizing signs of sepsis and promptly intervening to correct the cause. Blame for delaying the surgery could be placed on the nurses for failing to report signs of sepsis to the physicians. Rees v. Hospital Development, 2014 WL 5494917 (Ariz. App., October 30, 2014).