

## E.R.: Court Refuses To Dismiss Case Alleging EMTALA Violation.

The patient died in the emergency department from a ruptured aortic dissection four hours eleven minutes after arrival from home by ambulance with sub-sternal chest pain.

The E.R. nurse's last interaction with the patient, forty minutes before she coded, was giving an aspirin and 0.4 mg sublingual nitroglycerin. The E.R. physician had just communicated her plan to rule out a cardiac source for her chest pain and work her up for a gallbladder problem.

The paramedics had found her diaphoretic and noted she complained of substernal chest pressure and indicated she had a history of hypertension but had stopped taking her medication. BP's were 230/130 and 216/143. EKG was normal. Two nitro sprays did not resolve her chest pressure, although her BP's dropped to 199/140 and 177/141 a minute later.

She was transported to the E.R. She was promptly triaged by a nurse as Level 2 acuity. A normal EKG was obtained and blood was drawn for labs.

Although her chart had been flagged by the E.R. nurse, the E.R. physician did not see her for more than three hours. Checks of the patient's status by the E.R. nurse were nonetheless documented during that interval. She died forty minutes after her only contact with the physician and her last contact with the nurse.

### Court Refuses to Rule for Hospital

The US District Court for the Eastern District of Pennsylvania denied the hospital's petition for a pre-trial ruling that the hospital did not violate the US Emergency Medical Treatment and Active Labor Act (EMTALA). The ruling merely reserves that unresolved issue for trial and does not establish that the hospital was at fault.

### Nurse, Physician Did Not Know Hospital's Protocol for Chest Pain

In their pre-trial deposition testimony neither the E.R. nurse or the E.R. physician could demonstrate they had any specific knowledge of the hospital's protocol for emergency department screening of a patient who presented with chest pain. Thus there was no way for either of them to testify that they followed the hospital's standard screening protocol with this patient. **Blake v. Main Line Hosp.**, 2014 WL 1345973 (E.D. Penna., April 3, 2014).

***The E.R. nurse was asked point blank in her deposition to state the hospital's protocol for screening someone who came into the E.R. with chest pain.***

***The nurse was unable to answer. She asked to look through a packet of papers in the legal file but was unable to find a copy of what she needed, not even knowing the title of the document she was looking for.***

***There was no way the hospital could prove its protocols were followed.***

***The US Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospital emergency departments to provide every patient with an appropriate medical screening.***

***An appropriate medical screening is the uniform screening provided to all who present with substantially similar complaints.***

***It is the hospital's responsibility to determine what its screening procedures will be. Having done so, its caregivers must apply them alike to all patients.***

***A hospital fulfills the appropriate medical screening requirement when it conforms its treatment of a particular emergency patient to its standard emergency screening procedures.***

UNITED STATES DISTRICT COURT  
PENNSYLVANIA  
April 3, 2014

## E.R.: Court Faults Hospital For Patient's Fall.

When her mother got a bad headache and became unable to maintain her balance while standing the daughter thought her mother might be having a stroke and called an ambulance.

In the E.R. the daughter informed the hospital staff of her mother's instability on her feet and the daughter's own belief her mother might have just had a stroke.

The patient was admitted to the emergency department and left in an exam room alone, unattended and unmonitored.

Hospital staff would not allow the patient's family members to accompany her into the exam room.

At some point the patient fell while attempting to use the restroom and sustained a bone fracture in her right foot.

***Before she fell, the patient had been admitted to the emergency department, but she had not yet begun to receive care.***

***Thus this is a case of ordinary negligence. It is not a case of medical malpractice for which an expert's opinion is required.***

SUPREME COURT  
OF SOUTH CAROLINA  
April 9, 2014

The Supreme Court of South Carolina ruled the patient's lawsuit could go forward without an expert's opinion stating that the hospital deviated from the professional standard of care.

According to the Court, it was a case of ordinary negligence, not medical malpractice, for hospital emergency department personnel not to appreciate the risk that this particular patient could easily fall without assistance and not to check on her, not to provide a means for her to call for assistance and not to allow her family members to accompany her and remain with her in the exam room while she was awaiting medical attention. **Dawkins v. Union Hosp.**, \_\_ S.E. 2d \_\_, 2014 WL 1386880 (S.C., April 9, 2014).