ICU Nursing: Death Of Patient Post-CABG Surgery Tied To Substandard Nursing Care.

(Continued from page 1)

One of the patient's family's nursing experts testified that if a nurse has been assigned to care for a patient on a one-to-one basis, the nurse is not allowed to leave the patient's bedside at any time without asking a colleague to take over the patient's care in the nurse's absence. The court accepted this as a correct statement of the legal standard of care.

One of the hospital's nursing experts, whose testimony the court discounted, testified that the American Association of Critical Care Nurses (AACN) Procedural Manual for Critical Care does not define the phrase one-to-one nursing and, therefore, does not set a legal standard that a critical-care nurse is never allowed to leave the patient's bedside. It means only that the nurse has only one patient to care for, but does not necessarily mean the nurse must stay at the bedside, the hospital's expert testified.

The court seemed to have been especially disturbed that the patient's nurse had left the bedside of a critical-care patient for some eighteen minutes to re-stock supplies in the linen closet and was at the nurses station when she was called back to the bedside by the sounding of the patient's EKG alarm.

Drop In Patient's Blood Pressure

The nursing experts also disagreed whether a sixty-point drop in an ICU patient's systolic pressure necessitates the physician being notified immediately.

The court elected to accept the patient's family's expert's opinion that a significant drop in blood pressure is a significant change in health status that has to be reported immediately, especially with the patient showing signs of confusion and agitation starting the same time the drop in blood pressure was first seen.

The patient just having had a procedure involving a pencil-sized aperture in a major artery, the possibility of bleeding at the site should have been considered.

The court disregarded the hospital's expert's opinion that such a drop in blood pressure is only one factor to consider in an overall assessment of the patient's status and should be charted but does not necessarily have to be reported to the physician immediately. The nurse did apparently check the dressing, found no evidence of bleeding and found a pedal pulse, which she believed was ample reassurance the patient was not in immediate jeopardy.

PTT – Balloon Pump Removal

One of the family's nursing experts testified that a partial thromboplastin test (PTT) should have been done before the balloon pump was removed.

The expert went on to say that it is a critical-care nursing responsibility to advocate with the physician for a PTT and/or other laboratory assessment of the patient's blood-clotting ability, especially given the fact he had recently had a CABG.

Wound-Closure Pressure

The same nursing expert testified that when an arterial wound such as the one in this case is closed, it is a nursing responsibility to make note and to document the time it takes for direct manual pressure applied to the wound site to stop, or to appear to stop, the bleeding.

The longer it takes is a factor to be considered by nursing and medical caregivers in assessing further bleeding as a potential complication.

The hospital's nursing expert conceded the standard of care requires direct manual pressure to be continued for thirty to forty-five minutes, but denied there is any accepted standard of care for the critical-care nurse to chart exactly how long it takes. **Newson v. Lake Charles Memorial Hosp., __ So. 2d __, 2007 WL 983266 (La. App., April 4, 2007).**