

LEGAL EAGLE EYE NEWSLETTER

January 2005

For the Nursing Profession

Volume 13 Number 1

Bowel Obstruction, Emesis, Aspiration: Hospital Nurses Faulted For Patient's Death.

The Court of Appeal of Louisiana went over the facts in detail in support of its decision to uphold a substantial verdict for the family for the patient's wrongful death.

The sixty-five year-old patient was admitted from the emergency room with complaints of abdominal pain and nausea. X-rays and a CT scan of the abdomen led to an admitting diagnosis to rule out small bowel obstruction.

Her primary care physician wrote an order to be notified of any change in her condition, that is, if there was increased nausea or vomiting. The p.m. nurse called when she vomited, but did not call when she vomited again because a respiratory therapist was in the room at the time and did not notify the p.m. nurse she had vomited.

The night nurse knew from reading the p.m. nursing and respiratory notes that the patient had vomited twice on the p.m. shift.

At midnight the patient was found with feces around her room and with her IV line disconnected. The patient was confused. The night nurse did not report this to the doctor, believing it is not an unusual change in a patient's condition to awaken during the night and have a bowel movement on the way to the bathroom.



The cause of death was a chain of circumstances which started with aspiration of intestinal contents, causing hypoxia which in turn caused cardiopulmonary arrest.

Underlying these causes was acute diverticulitis.

The patient's continued vomiting, bowel incontinence and confusion should have been reported to the physician.

COURT OF APPEAL OF LOUISIANA

December 14, 2004

At 3:25 a.m. the patient had coarse breath sounds. She requested her asthma medication. The nurse left the room to phone respiratory therapy. When she returned four minutes later the patient had vomited dark brown, fecal-smelling material, was cyanotic and had no pulse. A code was called but the patient could not be revived.

The court believed the night nurse should have appreciated the gastrointestinal origin of the patient's breathing difficulties for which an asthma treatment would not have been appropriate, turned her on her side as a precaution against aspiration and stayed in the room with the patient.

The earlier episode at midnight should have been reported to the physician as a significant change in the patient's condition.

The medical experts testified the on-call physician should have started a nasogastric tube as early as the second vomiting on the p.m. shift. The on-call physician said he would have started a nasogastric tube to remove the stomach contents to prevent aspiration, if he had been notified. It was not clear if the court blamed the p.m. nurse or respiratory therapy. ***Beilenson v. Jefferson Parish Hosp., __ So. 2d __, 2004 WL 2890569 (La. App., December 14, 2004).***

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