

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Patient-Controlled Analgesia: Jury Relates Patient's Death To Nursing Negligence.

A morphine patient-controlled analgesia (PCA) was started right after amputation of the patient's left lower leg for his pain at the surgical site and for phantom pain.

Depression of his mental status and hypotension were detected by his nurses early the next morning, promptly reported to the physician and charted in the nursing progress notes.

The physician discontinued the morphine PCA and ordered po Darvocet q 3 hours prn for pain.

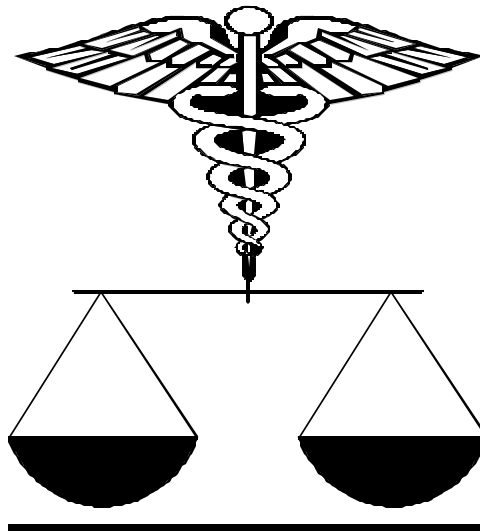
Despite some success with the po Darvocet, a pain-management specialist came in three days later and put the patient back on a PCA, this time with Dilaudid at a basal rate of 0.5 mg/hr and a demand dose of .025 mg q 15 minutes.

Patient Found Dead in Bed

The Dilaudid PCA was started by an LVN at 8:00 p.m. The LVN returned to the room at 9:00 p.m. just to draw some blood for a glucose test. At 10:54 p.m. the same nurse found the patient with no pulse and no respirations.

A code was called. An EKG started during the code showed flat-line lack of electrical activity in the heart.

The family consented to cessation of the code and the patient was pronounced. They sued the hospital and the pain-management specialist.



The patient was given a potent IV opiate at a dose higher than anything to which he had been exposed before.

He became sedated from the opiate. His respiratory rate dropped. He already had trouble blowing off carbon dioxide due to emphysema. Increasing blood levels of carbon dioxide soon led to cardiac arrhythmia and death.

COURT OF APPEALS OF TEXAS
December 13, 2007

The jury faulted the LVN but not the pain-management physician who ordered the Dilaudid PCA. The Court of Appeals of Texas upheld the jury's verdict.

As the PCA was re-started the patient's nurse had a basic responsibility to watch closely the patient's respirations, oxygen saturation and blood pressure.

Patient on a Powerful Narcotic

The patient had been taken off IV morphine after his nurses detected and charted a change in mental status and hypotension, then re-started on basal and demand dosages of IV Dilaudid calculated for the benefit of the jury as equivalent to three times the morphine dosages he had before.

Patient's Medical History

The patient's medical history included COPD, congestive heart failure and coronary artery disease.

His medical history was significant and his nurse should have appreciated its significance before it played its part in the final outcome, the experts testified.

The patient's pre-existing difficulties with fundamental respiratory physiology made him more susceptible than a healthy person to respiratory depression from narcotic intoxication. Narcotic intoxication, detected in time, can usually be reversed with an opiate antagonist. **McAllen Hosp. v. Muniz, 2007 WL 4340867 (Tex. App., December 13, 2007).**

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