

Ant Bites: Court Dismisses ICU Patient's Lawsuit.

A patient was admitted to the hospital after she fell at home and hit her head. Within hours she was transferred to the hospital's intensive care unit.

On the morning of her third hospital day an ICU nurse found ants crawling on the patient's forearm and in her bed.

The nurses removed the ants from the patient's body, remade her bed and applied topical medication to alleviate the pain and itching from the ant bites.

The patient was discharged from the hospital three days later.

A lawsuit ensued in which the patient alleged the hospital failed to take necessary steps to prevent insect infestation which posed a threat to patient health and safety.

Each monthly service report from the pest control contractor going back six months before this incident indicated no pest activity.

Baited traps were in use specifically to target ants.

COURT OF APPEAL OF LOUISIANA
June 1, 2016

The Court of Appeal of Louisiana rejected the patient's lawsuit.

The fact the hospital had a contract with an outside pest control company did not mean the hospital was on notice that it had a problem with insect pest infestation, as the patient's lawsuit claimed.

On the contrary, the Court viewed six months of negative pest inspection reports from the company as proof the hospital had no prior notice of an insect problem.

In addition, the hospital's head of quality assurance who was also assistant director of nursing testified there was no prior incident with ants or other insect pests at the hospital, and she would have known if such an incident had occurred.

Afterward a thorough inspection turned up no clue how these ants got in and found no evidence of other insect pests in the ICU or elsewhere on the premises. Searile v. Ville Platte, __ So. 3d __, 2016 WL 3077789 (La. App., June 1, 2016).

Unsafe Transfer: Grounds Seen For Negligence Suit.

During a transfer from her wheelchair to her bed an eighty-seven year-old nursing home resident sustained a 10 cm x 5 cm laceration on her leg which bled copiously according to the records.

She was taken to the hospital for sutures and returned to the nursing home. Three months later she went back to the hospital for treatment of deep vein thrombosis in the leg. She was discharged to a different nursing home and lived there two more years before she passed.

While she was still alive the resident's family filed suit against the nursing home for negligence in the wheelchair to bed transfer in which she was injured.

The lawsuit alleged the resident's leg was lacerated by a sharp edge on the bed rail for which the protective plastic cap was missing.

Inspectors believed her leg was cut by metal on the wheelchair itself.

COURT OF APPEALS OF TEXAS
June 9, 2016

The Court of Appeals of Texas ruled that the family's nursing and medical experts' opinions established grounds for a negligence lawsuit, despite conflicting theories as to the exact mechanism which caused the patient's injury.

The family's nursing expert stated in her report that the standard of care requires a nursing home's staff to perform transfers safely.

A person or persons performing a transfer must see to it that any object that can cause a laceration, including an aspect of the bed rail or the wheelchair, which can cause a laceration to the patient does not cause such a laceration.

The family's medical expert agreed with the family's nursing expert that a safe transfer necessarily involves avoiding any sharp object that can inflict a laceration on the patient. Pinnacle v. Steele, 2016 WL 3197846 (Tex. App., June 9, 2016).

Bacterial Infection: Nursing Home Liable For Death.

A middle-aged adult patient was admitted to a nursing home so that his physicians could stabilize the medications he was taking for bipolar disorder and lingering residuals of an industrial accident that had injured his head and neck.

In the nursing home he developed symptoms of strep throat, began running a fever and complained to the nursing staff that he had difficulty breathing. His temp was 102° and his pulse 138. He was given Tylenol and told to gargle with salt water.

Soon he started asking to go to the emergency room. The LPN asked the RN who phoned a nurse practitioner to ask what to do. The RN did not mention to the nurse practitioner that the patient was having difficulty breathing. The nurse practitioner ordered an IM antibiotic to be given immediately.

The RN waited three hours to call the order in to the pharmacy and did not give it until later that afternoon after the patient had collapsed only minutes before he died.

That afternoon the patient complained to his sister that he was dying and the nurses would not help him. He continued to ask to go to the emergency room. Several times he went to the nurses station and asked for oxygen and was refused.

After the patient fell on the floor unconscious CPR was started, but he died.

The autopsy established the cause of death as suffocation due to swelling of the epiglottis and pus blocking the airways, both secondary to a bacterial infection.

In the family's lawsuit against the nursing home the medical review panel found negligence by the LPN and the RN for failing to recognize that the patient needed to go to the hospital on an emergency basis. The two nurses were also faulted for failing to pass along to the nurse practitioner the fact the patient was having difficulty breathing.

The nursing home did not appeal a summary judgment that it was liable. The only issue for the Court of Appeal of Louisiana was how much to award for compensation, considering how close the now-adult children actually were to their father. Roark v. Liberty, __ So. 3d __, 2016 WL 2961389 (La. App., May 20, 2016).