

Appendicitis: E.R. Nurses Did Not Advocate For The Patient.

The patient came into the E.R. complaining of extreme pain in the lower right quadrant of his abdomen, severe nausea and vomiting for two days and a fever. Over the course of a few hours in the hospital his blood pressure dropped steadily.

The E.R. physician cancelled a urine culture that had been ordered, ordered a plain, non-contrast abdominal x-ray, made a diagnosis of urinary tract infection and sent the patient home.

A few days later the patient was seen at another hospital with a ruptured appendix. Treatment included resection of a portion of the colon damaged by infection.

The patient's expert's opinion was that the nurses should have advocated for the patient by reporting the signs and symptoms to someone other than the E.R. physician.

The hospital should have had a procedure in place to enable nurses to advocate for their patients.

COURT OF APPEALS OF TEXAS
May 10, 2012

The Court of Appeals of Texas ruled that the patient's expert witness's opinion was correct as to the E.R. nurses' legal standard of care. The case will go forward for a jury to hear all the evidence and decide the ultimate question, whether advocacy for the patient by the E.R. nurses would have changed the outcome.

The patient presented with classic signs of appendicitis which could not be ruled out as a urinary tract infection by the assessment measures that were done.

Admission to the hospital for observation, antibiotics and a surgical consult were required and the nurses should have advocated for that course, the Court believed. United Regional v. Hardy, 2012 WL 1624153 (Tex. App., May 10, 2012).

Overdose: Court Rules Hospital Was Not Negligent.

The patient came to the hospital by ambulance because of shortness of breath and chest pain she was not able to abate by herself with nitroglycerine.

She already had a PICC line in place through which she was receiving ampicillin for an abscess on her arm.

Once in the hospital, IV morphine was not working to ease her pain so she was given p.o. Dilaudid, the same medication she had been taking for pain from the abscess before coming to the hospital. A few minutes later a nurse noticed blue particles in the PICC line and called the physician.

The physician told the patient it was impossible for ingested oral medication to end up as blue particles in a PICC line and cautioned her that crushing her pills and injecting them into the line was dangerous.

The next a.m. in preparation for discharge the patient was given p.o. Dilaudid pills to take home and instructed to take them as needed for pain, pending a visit to her primary care physician the next day.

A few hours later she was found unresponsive in the bathroom, having crushed and injected the Dilaudid into her PICC line. She could not be revived.

The patient seemed to understand her discharge instructions and there was no reason to believe she would self-inject.

A hospital is not expected to confiscate personal possessions from a voluntarily admitted med/surg patient.

CALIFORNIA COURT OF APPEAL
May 11, 2012

The California Court of Appeal accepted expert testimony that the hospital was not responsible for anticipating that this individual, a voluntarily admitted med/surg patient, would crush and self-inject her Dilaudid again. The Court dismissed the family's lawsuit. Richardson v. Contra Costa, 2012 WL 1654959 (Cal. App., May 11, 2012).

Forgery: Nurse Convicted For Falsifying Nursing Documentation.

The patient suffered from dementia, seizures, bowel problems and COPD. He was high-risk for skin breakdown and had to be turned every two hours.

After his wife complained he was not receiving proper care an FBI agent installed a covert surveillance video camera in the patient's room at the nursing home.

The video revealed the patient's nurse did not administer some medications, did not take vital signs and did not turn him or perform incontinence care, all of which was nevertheless documented as done.

Forgery is committed when a document is falsified with intent to deceive and the deception has the potential to operate to the prejudice of another.

The nurse profited financially by being paid for work she did not perform.

COURT OF APPEALS OF VIRGINIA
May 8, 2012

The Court of Appeals of Virginia upheld the nurse's criminal conviction on four counts of forgery.

The patient was elderly and infirm. He was deprived of necessary medications and personal care. He did not get the laxatives that were ordered by his physician to be provided on a regular basis. Consistent turning and repositioning was important to prevent pressure ulcers, to keep his airways open and to stimulate bowel function.

Failure to maintain accurate records compromised his physician's and the other nurses' ability to formulate and/or modify care plans for treatments and medications, the Court pointed out.

The nurse's employer was required by state and Federal regulations to maintain accurate patient records and her misconduct could have led to civil monetary penalties, loss of licensure or closure of the facility. Beshah v. Comm., __ S.E. 2d __, 2012 WL 1578736 (Va. App., May 8, 2012).