Bowel Obstruction: Nurses Advocated For Pediatric Patient, Physicians To Pay Settlement.

medical malpractice lawsuit filed in County, California, resulted in \$8,600,000 settlement to be paid by a hos- urday and the office was closed. pital and several physicians' medical practice groups.

The settlement was reported with a stipulation that the names of the patient, the hospital and the physicians remain confidential.

Nurse as Patient's Advocate

The hospital's director of nursing had and orchestrating her care, by the time a signs were normal. complex series of events had resulted in emergency surgery in the hospital, accord- child. He found generalized abdominal ing to the condensed statement of the facts tenderness and decreased bowel sounds. A of the case submitted by the lawyers.

The story began to unfold when the took her to her pediatrician's office because she was vomiting.

several subsequent non-surgical hospitalizations was referenced in the notes jotted gave the mother Reglan and Pedialyte for the child and told her to take her to the ER if she did not improve.

morning. At 9:00 a.m. a radiologist came clerk on duty fill out a form for the files cerned the child was about to code. describing a discrepancy between his and patient's films.

message on the mother's answering machine and the hospital mailed her a registered letter.

Patient Admitted to the Hospital

The mother was not able to follow up the Superior Court, Los Angeles with her pediatrician because the day after a she got the message from the ER was Sat-

> Sunday afternoon she had to take the child back to the hospital. A different ER physician got an x-ray which he correctly interpreted as showing an obstruction of the small bowel. He had her admitted to the pediatric acute-care unit.

Hos pital Nursing Assessment, Advocacy

On admission the nurses saw that the taken over the role of the child/patient's child's abdomen was distended and measadvocate, prompting the physicians to act ured the circumference as 52.5 cm. Vital

> The pediatrician came in and saw the nasogastric tube was ordered.

The nurses noted at 8:40 p.m. that the twenty-eight month-old child's mother NG tube was draining green bile. The abdominal circumference increased to 56.5 cm and there were no bowel sounds. By A history of a bowel obstruction at age midnight the NG tube secretions had two weeks which required surgery and changed to brown and the BP was ele-

At 2:15 a.m. the nurse called the phydown by the physician's assistant. He sician to report the NG secretions were dark brown-black and foul smelling. The physician did not convey any new orders.

The nurses continued to monitor the The mother had to take the child to the child through the night until the pediatri-ER just after midnight and again the next cian came in at 6:15 a.m. and called a surgeon to come in and operate. The nurses in for routine review of the previous reported the child was rapidly deteriorating night's ER x-rays. He saw dilated loops of but the surgeon just reassured them he was bowel on the child's 6:00 p.m. film the ER his way. Within minutes the nurses began physician apparently missed. He had the repeatedly phoning the ER physician, con-

The director of nursing became inthe ER physician's interpretation of the volved by personally contacting an anesthesiologist to come on board so that the He also called the ER and spoke to the child's surgery could finally begin, albeit ER physician on duty, a different ER phy- too late to do anything about extensive sician than the one from the night before. necrotic tissue found within the intestines. The ER physician/director called and left a Confidential v. Confidential, 2007 WL 2389560 (Sup. Ct. Los Angeles Co., California, July 26, 2007).