

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

A medical malpractice lawsuit filed in the Superior Court, Los Angeles County, California, resulted in a \$8,600,000 settlement to be paid by a hospital 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 taken over the role of the child/patient's advocate, prompting the physicians to act and orchestrating her care, by the time a complex series of events had resulted in emergency surgery in the hospital, according to the condensed statement of the facts of the case submitted by the lawyers.

The story began to unfold when the twenty-eight month-old child's mother took her to her pediatrician's office because she was vomiting.

A history of a bowel obstruction at age two weeks which required surgery and several subsequent non-surgical hospitalizations was referenced in the notes jotted down by the physician's assistant. He gave the mother Reglan and Pedialyte for the child and told her to take her to the ER if she did not improve.

The mother had to take the child to the ER just after midnight and again the next morning. At 9:00 a.m. a radiologist came in for routine review of the previous night's ER x-rays. He saw dilated loops of bowel on the child's 6:00 p.m. film the ER physician apparently missed. He had the clerk on duty fill out a form for the files describing a discrepancy between his and the ER physician's interpretation of the patient's films.

He also called the ER and spoke to the ER physician on duty, a different ER physician than the one from the night before. The ER physician/director called and left a 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 with her pediatrician because the day after she got the message from the ER was Saturday and the office was closed.

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.

Hospital Nursing Assessment, Advocacy

On admission the nurses saw that the child's abdomen was distended and measured the circumference as 52.5 cm. Vital signs were normal.

The pediatrician came in and saw the child. He found generalized abdominal tenderness and decreased bowel sounds. A nasogastric tube was ordered.

The nurses noted at 8:40 p.m. that the NG tube was draining green bile. The abdominal circumference increased to 56.5 cm and there were no bowel sounds. By midnight the NG tube secretions had changed to brown and the BP was elevated.

At 2:15 a.m. the nurse called the physician 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 child through the night until the pediatrician came in at 6:15 a.m. and called a surgeon to come in and operate. The nurses reported the child was rapidly deteriorating but the surgeon just reassured them he was his way. Within minutes the nurses began repeatedly phoning the ER physician, concerned the child was about to code.

The director of nursing became involved by personally contacting an anesthesiologist to come on board so that the child's surgery could finally begin, albeit too late to do anything about extensive necrotic tissue found within the intestines. **Confidential v. Confidential, 2007 WL 2389560 (Sup. Ct. Los Angeles Co., California, July 26, 2007).**