

Cardiac Intensive Care Nursing: Court Rules Nurses Met The Nursing Standard Of Care.

The thirty-two year-old patient was admitted to the hospital for surgery to correct a congenital heart defect.

During the surgery the surgeon punctured the patient's healthy mitral valve, an error which the surgeon was not immediately able to correct. Multiple additional surgeries over the next two days were not successful at repairing the damaged mitral valve and it had to be replaced with an artificial valve.

During that two-day interval it was necessary for the patient to receive heparin which was administered by the physicians.

In between surgeries and for six days following the last surgery the patient was in the cardiovascular ICU where the hospital's nurses cared for him.

In the cardiovascular ICU serious complications arose, including cardiac distress, multi-system organ failure, life-threatening bleeding, a significant decline in his platelet count, weak pulses and signs of blood clotting in his extremities.

Due to the blood clotting, the left leg above the knee, all his fingers and the toes of his right leg had to be amputated.

Jury Rules for the Patient

The surgeon settled with the patient for an undisclosed sum of money. Then the patient's lawsuit went to trial against the hospital for the alleged negligence of the hospital's cardiovascular ICU nurses. The jury awarded more than seven million dollars from the hospital in addition to the settlement from the surgeon.

Appeals Court Voids Jury's Verdict

The Court of Appeals of Texas voided the jury's verdict and did not order a retrial of the case against the hospital.

The Court ruled the jury's verdict was tainted when the judge allowed the patient's physician/expert to testify erroneously that the standard of care for the hospital's cardiovascular ICU nurses required them to recognize the signs and make the diagnosis of heparin-induced thrombocytopenia, communicate their diagnosis to the physicians and then advocate on the patient's behalf up the chain of command.

Instead, the Court accepted the expert testimony of the hospital's own cardiovascular ICU nurse manager.

The patient's physician expert's opinion about the standard of care for the cardiovascular ICU nurses conflicts with legal prohibitions against the practice of medicine by nurses.

The patient's expert testified the dropping platelet count meant the patient was experiencing heparin-induced thrombocytopenia.

The patient's expert construed a nursing journal article he found saying that nurses should assess the patient and recognize and report possible signs of heparin-induced thrombocytopenia to mean that the nurses should have sorted through the complicated and conflicting physiologic data, made the right medical diagnosis, realized the patient's physicians had misdiagnosed the patient and reported that to the physicians and then acted as patient advocates by initiating the nursing chain of command to get a physician to recognize and act upon the medical diagnosis the nurses had made.

The hospital was also liable for failing to train the nurses to realize that was what they were supposed to do, the patient's expert went on to say.

COURT OF APPEALS OF TEXAS
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Nurse Manager's Testimony

Nursing Diagnosis / Interventions

Nursing diagnosis differs from medical diagnosis, the hospital's nurse manager testified. Medical diagnosis has to do with the medical condition of the patient and specific treatments a physician would perform or order, while nursing diagnosis has to do with what a nurse can do to intervene and support the patient's care.

Nursing diagnosis, according to the North American Nursing Diagnosis Association is a clinical judgment about individual, family or community responses to actual or potential health problems or life processes. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.

The definition of nursing diagnosis is basically identical in the state Nurse Practice Act, except that, unlike NANDA standards, it has the force and effect of law.

While he was on heparin the nurses were required to monitor his signs, symptoms and responses, chart them and report to the physician. Only a physician can order or discontinue medication, but a nurse is nevertheless required to know why a medication is ordered and its effects, including adverse reactions such as the risk of bleeding association with administration of blood-thinning medication like heparin.

The totality of what was going on with the patient was consistent with mitral valve regurgitation, reaction to vasopressor medication as well as heparin-induced thrombocytopenia, the Court said.

According to the Court, the patient's physician/expert in effect called for the hospital's cardiovascular ICU nurses to engage in the unauthorized practice of medicine by singling out a medical diagnosis from competing theories as to what could have been going on with the patient and then take action accordingly.

It would be wrong to hold the nurses to a higher standard than that allowed by law, not to mention that it was also in no way conclusive, the Court believed, that heparin-induced thrombocytopenia was the correct medical diagnosis. **Methodist Hosp. v. German**, __ S.W. 3d __, 2011 WL 6938521 (Tex. App., December 29, 2011).