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Cardiac Care: Nurse Failed To Report Status, Held Partially To Blame For Patient's Death.

The fifty year-old patient came to the E.R. early in the morning with chest pains and shortness of breath. He was examined, tested and treated in the E.R. and then admitted to the hospital around noon in stable condition.

An internist and a pulmonologist were called in to evaluate him. The internist believed there was a cardiac component to his illness but his primary diagnosis was pneumonia.

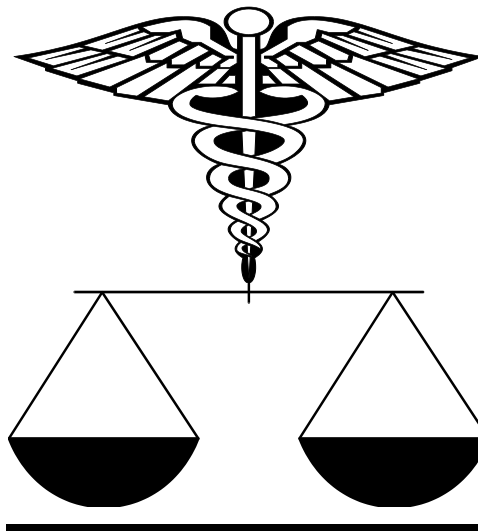
The pulmonologist, on the other hand, believed the primary problem was underlying mitral valve disease causing cardiac decompensation. The patient's own cardiologist detected mitral valve regurgitation and wanted his partner to do a transesophageal echocardiogram in the morning.

For the overnight the cardiologist put the patient on supplemental oxygen to help his breathing and Lasix to remove fluid from his lungs.

Night Nurse Failed to Report Patient's Deteriorating Condition

Two hours after the Lasix was started the patient's urine production did not increase as expected, indicating that the Lasix was not having the intended effect.

The patient's oxygen saturation dropped below 90%. The nurse switched the patient from a nasal cannula to a non-rebreathing mask, which



A number of medical interventions should and would have been initiated promptly if a physician had been alerted to the patient's worsening condition.

These measure would have included intubation, a transe-sophageal echocardiogram, insertion of an intra-aortic pump and consultation with a cardiothoracic surgeon.

COURT OF APPEALS OF ARIZONA
May 27, 2010

would supply the maximum amount of oxygen possible without intubation, but that did not help.

The patient's cardiologist last saw the patient at 9:00 p.m. The nurse did not report the patient's deteriorating condition to anyone until 6:00 a.m. when the pulmonologist came in. The patient was significantly worse than the night before.

The internist came in at 8:20 a.m. and ordered the patient to the ICU. The cardiologist's partner came in and called in a cardiothoracic surgeon after the echocardiogram he did revealed a papillary muscle rupture and mitral valve problems.

By the time these measures were actually taken the next day the patient's oxygen saturation had declined drastically, he was in shock and his chances of survival, according to the family's medical expert, had fallen from over 90% to approximately 20%.

The patient died from complications of heart surgery that was performed that afternoon.

The Court of Appeals of Arizona upheld a jury verdict for the family which assigned liability for the patient's death 60% to the night nurse and 40% to the patient's cardiologist. Salica v. Tucson Heart Hosp., __ P. 3d __, 2010 WL 2108492 (Ariz. App., May 27, 2010).

Inside this month's
issue...

July 2010

New Subscriptions
See Page 3

Cardiac Care/Nursing Negligence - Post-Surgical Nursing Care
Suicide/Nurses Not At Fault - Psychiatric Nursing/Negligence
Labor & Delivery Nursing/Breech Presentation/Cervidil/Pitocin
Labor & Delivery/Monitor Strips Gone/Spoliation Of The Evidence
Discrimination/Minority Nurse - Discrimination/Husband's Bills
Labor Union/Fair Representation - CDC Guidelines/Norovirus
Restraints - Bed Alarm/Fall - Neonatal Nursing - Overdose
Beta Strep - Ventilator Care - Botox - Male Aide/Discrimination