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Nurses' Failure To Do Hourly Circulation Checks Leads to Compartment Syndrome: Court Rules Nurses Negligent.

A patient was admitted to the hospital with a leg injury from a fall. His leg was casted in the emergency room and he was admitted to the hospital. The next day he developed circulation problems with the foot of the casted leg. The cast was changed to relieve pressure. Over the next few days, further circulation problems were noted by the nursing staff and reported to the attending physician. The cast was modified on at least two more occasions to relieve pressure.

Nevertheless, the patient's circulation problems continued. At 2:00 am on the third hospital day the attending physician was notified that there was still a problem with the circulation in the foot of the casted leg. The physician arrived at the hospital at 5:00 am and determined that compartment syndrome had developed. The physician performed a fasciotomy at 5:30 am. However, the procedure was too late to save the patient's leg from having to be amputated.

The defense which the hospital raised in the lawsuit was that, even if it was assumed that the nurses' failure to do hourly circulation checks and to report the patient's continuing circulation problems to the physician on a timely basis was a departure from the accepted standard of care for competent nursing practice, the errors and omissions of the nurses were not the cause of the eventual harm to the patient.

The court noted that a "reasonably prudent" physician, would have responded and done a fasciotomy within no more than two hours. However, according to the court, this particular physician would not necessarily responded in time. In fact, the court felt he should have done the fasciotomy a day earlier. Thus, even if the nurses had followed accepted standards of practice, the physician's negligence, not the nurses' negligence was the cause of harm to the patient. **Dillon vs. Medical Center Hospital, 643 N.E. 2d 1375 (Ohio App., 1995).**

The upshot of this case was that the hospital was not held legally liable for the negligence of its nurses!

The evidence was that the nurses did circulation checks only every three hours during the night despite physician's orders requiring hourly circulation checks. The standard of care for nursing practice in caring for this patient would have mandated hourly circulation checks. The nurses were negligent.

However, the court determined that even if hourly circulation checks had been done, and the problem had been promptly reported to the physician, the physician would not have responded and done a fasciotomy in time to save the patient's leg from amputation.

The physician's negligence broke the legal chain of causation between the nurses' negligence and the harm to the patient. Thus the hospital was not liable for the nurses' actions.

COURT OF APPEALS OF OHIO, 1995.

Operating Room Nurses Share Fault For Improper Positioning Of Patient.

The jury in this case assigned fault on the following basis: 70% to the anesthesiologist, 20% to the surgeon and 10% to the hospital as the employer of the circulating nurse. The Court of Appeals of Louisiana upheld the jury's ruling.

The patient underwent abdominal surgery to repair a hiatal hernia. He was positioned on the operating table with both his arms extending outward from each side of the operating table on arm boards. The surgeon stood at his right side throughout the procedure, which lasted one hour and twenty minutes, according to the court record.

When the patient got to his room afterward, he reported numbness and tingling in his right hand. This persisted well past his discharge from the hospital. The patient later underwent outpatient nerve conduction studies which revealed an ulnar nerve injury, which did not respond to physical therapy. Tests ruled out other causes for the condition besides injury in the operating room. There was a procedure done to reposition the ulnar nerve, which was only partially successful in relieving the numbness and tingling and in restoring function to the injured arm.

The expert testimony at trial was that the standard of care requires the patient when arm boards are used to have his arms positioned with palms up with plenty of padding. The arms should be extended at ninety degrees. There must be a special elbow protector placed under the elbows.

The most likely cause of this injury was that the arms were not extended more than forty five degrees, which increased the likelihood the surgeon would inadvertently lean on the arm near his work area while carrying out the surgical procedure. The standard of care requires that the arms be positioned so that the surgeon will not come in contact or lean on them during the procedure. **Robertson vs. Hospital Corp. of America, 653 So. 2d 1265 (La. App., 1995).**