EMTALA: Dehydrated Pediatric Patient Dies, Nurse Neglected Screening Procedure In The E.R.

The six year-old patient was sent home with his parents from the emergency department 9:30 p.m.

Early the next morning his mother could not wake him and called paramedics to the home. They brought the child to the hospital at 6:46 a.m. Resuscitative efforts were stopped at 7:04 a.m.

The cause of death was established later that morning after his stool sample came back from the lab: dehydration from vomiting and diarrhea from C. *difficile*.

Emergency Room Nurse Did Not Take Initial or Follow-Up Blood Pressures

The parents sued the hospital in the US District Court for the Northern District of Indiana for violation of the US Emergency Medical Treatment and Active Labor Act (EMTALA).

Established policies were in place at the hospital for uniform appropriate medical screening of emergency patients. Among other things, the nurse was required to obtain a blood pressure when the patient first came in and to obtain repeat blood pressures every two hours until the patient left, if the patient was at least six years old.

The nurse never took this patient's blood pressure. Neither did the two physicians who examined the child, but the court gave them the benefit of the doubt. They could assume the nurse was monitoring the blood pressure and would have told them if it was outside the normal range.

The hospital did not follow its own medical screening procedures. The nurse not obtaining blood pressures, which likely would have been abnormally low, was a violation of the hospital's legal obligations under the EMTALA.

That EMTALA violation, the court went on to say, probably concealed a key physiologic sign of dehydration from personnel treating a pediatric patient who was vomiting and having diarrhea and required fluid replacement and continued observation. <u>Bode v. Parkview Health</u>, 2009 WL 790199 (N.D. Ind., March 23, 2009). An appropriate medical screening examination within the capability of the hospital's emergency department is a basic requirement of the US Emergency Medical Treatment and Active Labor Act (EMTALA) for any individual who comes to the emergency department for examination or treatment.

The EMTALA does not define the nuts and bolts of an appropriate medical screening examination. The focus, instead, is equality and uniformity in the way emergency patients are handled.

The original intent of the law was to prevent socalled "patient dumping" of the poor and uninsured. However, the courts now say that rich and poor, insured and uninsured alike can sue under the EMTALA.

Under the EMTALA the court looks to see if the hospital had an established screening procedure for the patient's constellation of signs and symptoms and whether the hospital applied its established screening procedure to this patient the same way as any other emergency patient with similar signs and symptoms.

UNITED STATES DISTRICT COURT INDIANA March 23, 2009