

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Diabetes Insipidus: Nurses Did Not Monitor Output, Report Sodium Level To Physician.

The patient was diagnosed with diabetes insipidus more than twenty-six years before she was admitted to the hospital for signs and symptoms her physicians related to a low blood sodium level.

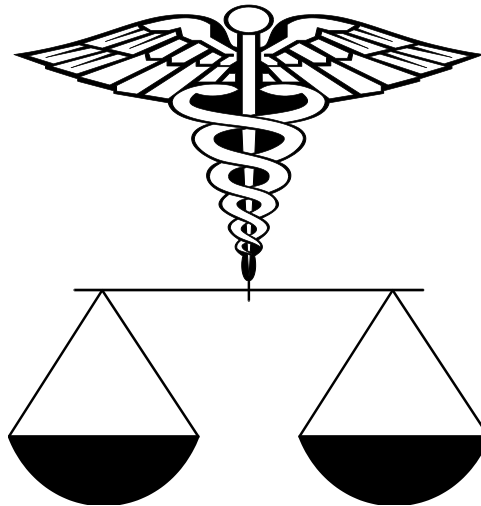
Her condition had been managed over the years with desmopressin acetate, a posterior pituitary hormone which tends to correct the patient's underlying pituitary hormone deficiency which, if left uncorrected, would tend to allow unrestricted elimination of water by the kidneys and a dangerously high sodium level.

To raise her sodium level the desmopressin acetate was stopped by her physicians, but that meant that the hospital's nurses would have to follow the physician's orders and monitor her fluid input and output very closely to prevent her sodium and other electrolytes from fluctuating and to detect if her sodium rose too high.

Increased Fluid Output Not Reported to Physician

The patient's fluid output began significantly to exceed her fluid input during the afternoon, but her nurses did not notify the physicians of this development.

That night her vital signs were reportedly not taken while this development unfolded.



One of the physicians testified that the elevated sodium level that came back from the lab at 6:15 a.m. was a panic value, yet the nurses did not contact anyone until 7:50 a.m.

The nurses were not monitoring the patient's fluid output which started greatly exceeding input the previous afternoon, nor were vital signs being taken during the night.

COURT OF APPEALS OF TEXAS
May 19, 2011

A blood draw for lab values the next morning revealed a dangerously high sodium level, caused by excessive elimination of water through her kidneys, which the lab phoned to the nurses on the floor at 6:15 a.m. It was not relayed to the physician until 7:50 a.m. A physician testified after the fact that he would have considered her sodium level at that time a panic value.

The patient's husband found her unresponsive in bed in her room when he came in believing she was to be discharged that morning and he would be able to take her home. Instead, she was transferred to intensive care, then to a tertiary care facility and then to a hospice where she died, never having recovered from a coma.

The jury returned a verdict in favor of the husband. The hospital's nurses were ruled 40% at fault and one of the physicians who treated her 60% to blame for her death. The total of the damages awarded was \$1,478,949 of which the family will only recover 40% from the hospital, having voluntarily discontinued the lawsuit against the physician before the verdict.

The Court of Appeal of Texas found no basis to disturb the jury's assessment of the damages. ***Christus Health v. Dorriety***, __ S.W. 3d __, 2011 WL 1886572 (Tex. App., May 19, 2011).

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