

Diuretic: Nursing Home Did Not Monitor, Advocate For The Patient.

The ninety-one year-old WWII veteran entered the state veteran's home weighing 172 pounds.

He was under the care of the US VA medical center clinic for congestive heart failure for which he was taking a diuretic.

His medical conditions also included atrial fibrillation, GERD, Guillian-Barre syndrome and anemia. He was taking a total of nine medications, including his diuretic.

His daughter, a nurse, after using her power of attorney to admit her father, began to see the need oversee his care.

First, it appeared to her he was getting more of the diuretic than was prescribed. Then began an overall decline in his health, the most obvious sign being a 36 pound weight loss in just two weeks accompanied by signs of dehydration.

Nursing home staff refused to listen to the daughter's pleas, except that they reportedly confirmed the pre-admission medication dosages with the US VA pharmacy and let it go at that.

Nurses Did Not Monitor Patient Did Not Advocate for the Patient After Changes in Health Status

The nursing home's nurses were faulted for failing to take action after obvious changes in the patient's health status. Extremely rapid weight loss in a patient on medication to remove fluid from the body required the nurses to advocate with a physician to take a look at the adverse effects the diuretic was having, to get lab work done to check his kidney function and his electrolytes and to consider reevaluation of the medical course of treatment.

He soon died from dehydration, renal failure and a toxic potassium level.

The judge in the District Court, Oklahoma County, Oklahoma indicated that the family was entitled to more by way of compensation, but that she was limited by the state's damage-cap law for medical malpractice only to awarding the maximum sum allowed, \$175,000. [Estate of Shelton v. State of Oklahoma, 2009 WL 4828964 \(Dist. Ct. Oklahoma Co., Oklahoma, September 30, 2009\).](#)