Emergency Medical Treatment And Active Labor Act (EMTALA): Two New Court Cases.

Nursing Care In E. R. Was Proper: No EMTALA Violation Found.

n a recent case from the U.S. District Court for the Northern District of Texas there was nothing out of the ordinary about the nursing care the patient received before discharge. But that was the key to avoiding legal lability for violation of the EMTALA.

The patient fell down some stairs and was brought to the ER with a scalp laceration. He was immediately given the hospital's standard initial screening by the triage nurse. His vital signs, neurological signs and O_2 saturation were closely monitored by the nurses while he waited twenty five minutes to see a physician. By the time he saw a physician, the nurses had already started an IV. While the physician waited for the CT results, the nurses continued to monitor the patient closely.

The patient's advanced AIDS was claimed in the suit as an improper motive for the hospital sending the patient home rather than admitting him and risking taking on responsibility for his end-stage care. The suit alleged the hospital failed to give the patient an appropriate medical screening examination and necessary stabilizing care as required by the EMTALA.

To be able to decide the case in favor of the hospital, the court had to look only at the care given to the patient in the E.R. The court found it adequate in all respects. The court could find no objective evidence from which to imply an improper motive behind the hospital's actions. The care of this patient was identical in all respects to the care that would have been given to any other patient presenting in the emergency department with the same emergency condition. <u>Taylor vs. Dallas County Hospital</u> <u>District</u>, 959 F. Supp. 373 (N.D. Tex., 1996). The EMTALA, a Federal law, creates a legal cause of action (the right to sue) for an individual who suffers personal harm as a result of a hospital's failure either to administer an appropriate medical screening examination, or to stabilize an emergency medical condition before transfer.

To <u>stabilize</u> an emergency medical condition a hospital is required to provide such medical treatment as may be necessary to assure, with reasonable medical probability, that no material deterioration is likely to result from or occur during the transfer of the individual from the hospital to another facility or in discharging the individual home.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious ieopardv. serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

The word <u>transfer</u> is defined to include discharging the patient home.

UNITED STATES DISTRICT COURT, TEXAS, 1996.

Extended Nursing Care: Premature Transfer Can Result In EMTALA Violation.

Editor's Note: this case has gone all the way to the US Supreme Court. That fact and new HCFA regulations make this case obsolete and it has been deleted.