

Digoxin Overdose: Large Jury Verdict For Nursing Negligence (Continued).

worked with the graduate nurse and was unaware of her lack of experience.

The charge nurse should have more carefully delineated the supervising nurse's responsibilities for overseeing the graduate nurse.

According to the court, a charge nurse not only evaluates and tasks nurses appropriately in caring for patients but also evaluates and tasks more experienced nurses in overseeing less experienced nurses in how they care for their patients.

Supervising Nurse Faulted For Medication Error

The court believed the supervising nurse herself should have questioned the 1.25 mg order. She should not have told an inexperienced nurse to fill an order from floor stocks and go into the patient's room alone to give it, as it was a potentially dangerous drug to be given IV.

The court said the supervising nurse should have been in the room with the graduate nurse when she was giving an IV med she had never given before. The court did acknowledge there was some confusion which could be attributed to the charge nurse rather than the supervising nurse over the extent of the supervising nurse's actual responsibilities.

However, as far as the patient's lawsuit was concerned it made little practical difference which nurse was at fault and to what degree they were at fault, or to what degree any of the nurses could be excused from blame for inadequate supervision by their superiors or by faulty institutional policies, as their employer the hospital itself was the defendant. Mobile Infirmary Medical Center v. Hodgen, __ So. 2d __, 2003 WL 22463340 (Ala., October 31, 2003).

End-Stage Alzheimer's: No Negligence In Patient's Death From Pneumonia.

The physician had spoken with the daughter and had been told of the family's wishes for conservative terminal care.

The family had wanted a DNR order in her chart and confirmed it with the nurses three days before she died.

To the physician that meant the patient would be given comfort care and the disease would be allowed to progress in its natural course.

The nursing staff monitored and attempted to treat her rapid weight loss, swallowing problems, pressure sores and general decline.

The nursing staff detected signs of pneumonia and immediately faxed a report to the physician. The patient died about ninety minutes later.

The medical examiner testified she was well nourished. Her pressure sores, very common in bedridden Alzheimer's patients, were being treated and were not infected.

Pneumonia is a common cause of death in Alzheimer's patients and is often not responsive to antibiotics.

COURT OF APPEALS OF TEXAS
October 30, 2003

The Court of Appeals of Texas rejected allegations of nursing and medical negligence leading to the death in a nursing home of a seventy-five year-old end-stage Alzheimer's patient

Pneumonia

The medical expert retained by the family's attorneys agreed with the patient's treating physician that pneumonia is a very common immediate cause of death in Alzheimer's patients. Such patients have problems with aspiration and in the end stages lose the ability to cough.

Pneumonia can strike and take the patient very quickly, even with the best of care. Antibiotics are often not effective to treat pneumonia in Alzheimer's patients, the medical experts all agreed.

Leaving aside the issue of the DNR order, the court could find no negligence in pneumonia striking and taking this patient apparently in less than two hours.

Feeding Tube

The court did not fault the physician or the nursing home's nursing staff because no attempt was made to use a nasogastric or a gastrostomal feeding tube with this patient.

First, the physician and nurses had the understanding the family did not want such measures taken, which would have involved invasive interventions which would not have improved the quality of her life in its terminal stages.

Secondly, there is danger of complications actually making things worse. There is always a risk of infection. Alzheimer's patients are prone to aspiration of stomach contents and have a strong propensity to pull out their feeding tubes.

Pressure Sores

There were pressure sores, but the medical examiner believed they had been treated competently by the nursing staff and were unavoidable in light of the patient being bedridden and, although adequately nourished, in a state of general decline. Krawl v. Murray, 2003 WL 22453828 (Tex. App., October 30, 2003).