Feeding Tube: Nurses' Errors Led To Respiratory Arrest, Death.

The patient was admitted to the hospital with respiratory problems. Her physician ordered a nasogastric feeding tube and it was inserted.

The nursing staff discovered that the feeding tube had become occluded. The nurses removed the tube and put in a new one. Before feeding the patient the nurses obtained an x-ray. Some hours later the radiologist read the x-ray and called the floor to inform the nurses the tube was in the lung, not the stomach.

The nurses pulled out the tube, put it back in and called for another x-ray. However, before hearing back from the radiologist the nursing staff resumed feeding the patient through the tube, around noon on Saturday.

The radiologist did not read the new x-ray until 9:30 a.m. Sunday morning. In fact, the tube was again misplaced, this time through the trachea and left mainstem bronchus into the pleural space. The radiologist called the floor nurse and also called the patient's physician.

The patient's physician came to the hospital, only to find the patient was going into respiratory and cardiac arrest. Removal of a large amount of air and Ensure from her chest did not save her and she passed at around noon on Sunday.

The patient's probate estate filed suit only against the patient's treating physician and the hospital radiologist.

The Court of Appeals of Arkansas framed the issue as to the treating physician: were the nurses' chart notes that they had received verbal orders from him for two x-rays re tube replacement just routine chart entries at the hospital when nurses got routine x-rays on their own, or did the notes signify that the nurses had actually communicated with the physician about what was going on with the feeding tube?

The court ruled a jury would have to hear the evidence on the treating physician's liability, but dismissed the radiologist from the case. **Estate of Barnes v. Martindale, __ S.W. 3d __, 2008 WL 2514761 (Ark. App., June 25, 2008).**

Acute Asthma Attack: Nurse's Error Led To Brain Damage.

The judge in the US District Court for the Middle District of Florida awarded more than $4,000,000 from the US government for hypoxic brain damage suffered during an acute asthmatic episode by a nine year-old military dependent in a US military base hospital E.R.

Solu-Medrol and magnesium sulfate and breathing treatments with albuterol were not opening his airway so that he could breathe on his own. The patient was becoming combative from lack of oxygen. Lidocaine and Ketamine were given in preparation for rapid sequence intubation.

Nurse Gave Succinylcholine Contrary to Hospital Policy

Then the nurse went ahead and gave the succinylcholine, which almost immediately paralyzed the respiratory muscles.

It was clearly contrary to policy at the facility for the nurse to give succinylcholine, as opposed to the physician doing the intubation, a fact pointed out by the court as one of the bases for finding negligence was committed.

No one started bagging the boy's mouth for four minutes. Then it took almost twenty more minutes to intubate him, during which time he went into full-blown cardiac arrest. He now suffers from brain damage from oxygen deprivation.

Besides the nurse's error the court faulted the whole treatment team for rapid sequence intubation not being started until twelve minutes after the E.R. physician first determined that the medications were not opening his airway. **Turner v. US, 2008 WL 2726508 (M.D. Fla., July 1, 2008).**

Patient vs. Patient Assault: Caregivers Not Liable.

A jury in the Superior Court, Orange County, California ruled that the patient's medical and nursing caregivers were not at fault.

The patient had been admitted to the psychiatric facility for grave disability, that is, he was profoundly mentally ill and was unable to take care of himself on his own.

The patient assigned as his roommate had a history of criminal assault in the community. In the hospital the roommate had been diagnosed as a paranoid schizophrenic who experienced command hallucinations telling him to hit people.

The psychiatrist successfully defended himself in the patient's lawsuit on the basis that the roommate's illness appeared to be well controlled by medication.

The nursing staff was accused of not calling for an immediate full-scale staff response to restrain the roommate after the attack.

The jury reportedly thought the nurses' response was substandard but saw no way it had anything to do with preventing the attack in the first place. **Cory v. La Palma Hosp., 2008 WL 2834197 (Sup. Ct. Orange Co., California, June 3, 2008).**

Harassment: Conduct Must Be Reported.

The Court of Appeals of Kentucky recently reiterated that healthcare facilities, like other employers, have serious responsibilities toward stopping sexual harassment in the workplace.

However, a nurse who believes a hostile environment is being created by a co-worker's conduct must report the co-worker before the employer's responsibilities and the nurse's rights come into effect. **Harper v. National Health, 2008 WL 2696899 (Ky. App., July 11, 2008).**

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