

LEGAL EAGLE EYE NEWSLETTER

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For the Nursing Profession

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Patient Hemorrhages, Dies Just Out Of The Hospital: Jury Blames The Discharge Nurse.

The patient was admitted to the hospital and had surgery to correct a misalignment of his jaw.

Hypertension Noted in PACU

In the post-anesthesia recovery unit the patient needed Apresoline, a short-acting anti-hypertensive used to treat hypertensive crises, in two doses two hours apart.

He received no further anti-hypertensive medication the next twenty-nine hours in the hospital's surgical intensive care unit before he was discharged.

History of Hypertension

The court record mentioned without elaboration that the patient had a history of hypertension before entering the hospital for this surgery.

Patient Hemorrhaged, Died

Shortly After Leaving Hospital

The physician signed a discharge order shortly after 5:00 p.m. for the patient to leave at 5:30. The patient did not actually go until 6:30 p.m. because of a mix-up locating his keys and wallet.

Ten minutes after leaving the hospital, however, in the car on the way home, he began bleeding profusely from his mouth. His wife drove him back to an office building on the hospital campus and paramedics were called. They were unable to save him.



The surgical procedure was completed with no apparent complications.

The hospital discharge nurse breached the standard of care by failing to identify a potentially dangerous situation, a blood pressure of 179/88, failing to communicate to the physician and failing to re-take his blood pressure right before the patient actually left.

COURT OF APPEAL OF LOUISIANA
April 16, 2008

The autopsy established the cause of death as asphyxia from hemorrhage into his airway. The Court of Appeal of Louisiana pointed out the autopsy revealed no problem with how the surgery was done.

The jury returned a verdict for the widow and children for \$1,834,914.31 based entirely on the negligence of the nurse involved in his discharge.

Nursing Negligence

The nurse took vital signs at 5:00 p.m. in anticipation of the patient's imminent discharge from the hospital.

The patient's blood pressure was 179/88, pulse 72 and respirations 16.

According to the court, the nurse did not communicate the blood pressure reading to the physician who was to sign the patient's discharge order.

Any abnormal finding at discharge like hypertension in a patient with acute and chronic histories has to be communicated.

The nurse also erred recording the 5:00 p.m. vital signs in a slot on the chart for 4:00 a.m. vitals, the court said.

The jury, in the court's judgment, had evidence to conclude the patient should have been kept in the hospital for observation and treated for his hypertension, and would have, but for the nurse's errors and omissions in the discharge process. ***Lewis v. State***, __ So. 2d __, 2008 WL 1777227 (La. App., April 16, 2008).

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