

Jail Nursing: Court Sees No Deliberate Indifference.

A jail inmate filed a multi-count civil lawsuit against the officials responsible for operation of the county jail alleging that he was denied access to the law library, denied an opportunity to participate in work release, improperly disciplined for vague and bogus infractions of jail rules, harassed and verbally abused by corrections officers and denied adequate medical care by the jail nursing staff.

To sue for violation of his or her Constitutional rights a jail inmate must show that jail medical officials' actions or omissions were so grossly excessive or inadequate as to shock the conscience.

UNITED STATES DISTRICT COURT
VIRGINIA
March 12, 2013

The US District Court for the Eastern District of Virginia dismissed the inmate's lawsuit.

The inmate went to see the nurse for shortness of breath related to his life-long battle with asthma. The nurse examined him, listened to his lungs and told him he did not need his breathing medication.

Later the inmate went to see the nurse claiming that the high starch content of the food in the jail was causing his blood sugar levels to rise out of control. The nurse put him on regular finger sticks and an oral hypoglycemic medication.

The inmate also complained to the nurse that his blood pressure was out of control. The nurse started a five-day blood pressure check but did not obtain blood pressure medication for him.

The Court ruled that the nurse's care was appropriate in all respects. At best the inmate's displeasure with the nurse's actions was a disagreement over the course of treatment, which the courts do not recognize as a basis for an inmate's lawsuit. ***Rivers v. Hodge***, 2013 WL 989957 (E.D. Va., March 12, 2013).

Jail Nursing, Diabetic Inmate: No Deliberate Indifference.

The nurse examined the inmate when he reported that he was vomiting and complained that his blood sugar was too high. The nurse thought at first that it might be an intestinal virus and told him to drink more water.

The next morning she checked his blood sugar and gave four units of insulin and six more later that evening and told him to increase his fluid intake and avoid foods he knew he was not supposed to eat.

The inmate sued the jail nurses for violation of his Constitutional rights.

The courts have established the principle that a difference of opinion between an inmate and jail medical staff over the course of treatment is not a violation of the inmate's Constitutional rights.

UNITED STATES DISTRICT COURT
KENTUCKY
March 14, 2013

The US District Court for the Western District of Kentucky dismissed the inmate's lawsuit.

The inmate claimed in his lawsuit that the nurses, instead of merely checking his blood sugar regularly twice daily, should have checked his blood sugar whenever he came to the dispensary and asked them.

He further claimed that he should have been given Lantus insulin instead of the 70/30 insulin which was prescribed for him and given by the nurses, to which he claimed his body was immune.

The Court pointed out that jail nurses and physicians can be liable to an inmate for deliberate indifference to the inmate's serious medical needs. However, the courts have consistently ruled that a disagreement between an inmate and caregivers over the course of treatment is not deliberate indifference. ***McCraney v. Pleasant***, 2013 WL 1079415 (W.D. Ky., March 14, 2013).

Nurse As Patient Advocate: Court Sees Grounds For Patient's Lawsuit.

After she fell while skiing the patient was taken to the E.R. at a hospital with a Level III trauma-center designation.

After the E.R. physician learned she was on Coumadin he ordered a brain scan, which showed intracranial hemorrhage. He transmitted the images and then phoned a neurosurgeon at the nearest hospital with 24/7 neurosurgical services and a dedicated neuro-trauma center. The neurosurgeon said she did not need immediate surgery and left it to the E.R. physician to decide whether or not to transfer her.

That evening the patient's nurses were aware that her headache was getting much worse and she was nauseous and vomiting. Later she became increasingly disoriented and uncommunicative. The nurses called their nursing supervisor who called the E.R. physician who sent her to the ICU.

Finally at 1:25 a.m. another scan confirmed the hemorrhaging was getting worse. The patient was sent to the other facility for brain surgery. She survived but continues to experience residual problems.

Both sides' medical experts agreed that earlier neurosurgical intervention probably would have improved the outcome.

UNITED STATES DISTRICT COURT
COLORADO
March 29, 2013

The US District Court for the District of Colorado ruled that the patient's unfavorable outcome could be blamed, at least in part, on a lapse in the patient's nurses' duty to advocate on her behalf.

There was no neurosurgeon practicing at the Level III facility. Passage of each minute was crucial. With the signs they were seeing the nurses should have advocated in the late afternoon or early evening for transfer to the other facility with the appropriate trauma and neurosurgical capability. ***Kellner v. Schultz***, ___ F. Supp. 2d ___, 2013 WL 1313781 (D. Colo., March 29, 2013).