

Labor & Delivery: Court Finds Violations Of Standards.

In the hospital the obstetrician noted bright red blood bleeding from the mother's vagina and ordered an immediate cesarean. He presumed it was from abruption of the placenta.

He examined the newly delivered placenta for evidence of abruption but found none. He sent the placenta to the hospital's pathology department without making a note in the chart of what he saw when he examined the placenta and without verbally informing the nurses.

The pathology department examined the placenta and found a velamentous insertion of the umbilical cord into the placenta. They found a rupture of one of the blood vessels involved in the velamentously inserted cord.

The significance was that the blood observed coming from the mother's vagina was fetal blood, not the mother's blood.

The pathologist's findings were not communicated to anyone until two days later when the typewritten report was routinely inserted into the chart.

Meanwhile, the labor and delivery nurses noted the baby's breathing was difficult, even with normal Apgars, and took the baby to the level 2 perinatal nursery.

In fact the baby was in hypovolemic shock from blood loss. That became more evident some hours later.

The baby went to a level 3 critical care nursery at another hospital and was given a transfusion, but not before liver and kidney damage occurred.

The Appellate Court of Illinois ruled the condition of the placenta should have been better communicated by the obstetrician and by the pathologist.

The labor and delivery nurses should have recognized signs of hypovolemia and obtained and monitored the newborn's blood pressure, and the hospital should have had a policy for blood-pressure monitoring in its level 2 nursery, the court said. **Suttle v. Lake Forest Hospital**, 733 N.E. 2d 726 (Ill. App., 2000).

Transfer From OR To Critical Care: Hospital Must Provide Portable Equipment And Trained Nurses, Court Says.

When a critically-ill patient is being taken from the operating room to the intensive care unit, it is the hospital's legal duty to provide supplemental portable oxygen, portable EKG monitoring and portable pulse oximeter monitoring.

The patient is also entitled to be accompanied by trained critical care nurses capable of recognizing and dealing with signs of cardiac distress.

The nurses must monitor the patient during transfer and must respond at once to signs of cardiac distress.

As the nurses' employer the hospital is responsible for 30% of the damages in this particular case.

The anesthesiologists were independent contractor physicians and did not work for the hospital.

A certified critical care nurse with nineteen years critical care experience, including significant experience caring for critically ill patients post-operatively, is qualified as an expert witness on the standard of care for nursing.

COURT OF APPEALS OF KENTUCKY, 2000.

The patient was badly injured in a car accident and taken to the hospital for orthopedic surgery that lasted eight and one-half hours.

He was disconnected from the wall oxygen port in the operating room for transfer from the operating table to a rolling hospital bed. His heart and pulse monitors were also disconnected.

An anesthesiologist and some nurses wheeled him to the ICU. Within minutes of arriving in the ICU, before being reconnected the monitors, he had a cardiac arrest which resulted in brain damage leaving him in a persistent vegetative state.

A lawsuit was filed for the patient against the hospital and against the anesthesiologist's separate corporation which had the contract to provide surgical anesthesiology services at the hospital.

Hospital 30% at Fault

The anesthesiologist's medical corporation settled before trial. The case went to trial only against the hospital. The jury had to determine if the hospital was negligent, the total amount of compensation and the portion that was the hospital's responsibility. The jury held the hospital 30% responsible. The Court of Appeals of Kentucky approved the jury's verdict.

Critical Care Nurse Accepted

As Expert On the Standard of Care

The Court of Appeals said the trial judge was right letting the jury make up its mind in part based on the expert witness testimony of a critical care nurse.

She was not an anesthesiologist and was not qualified as a medical expert in the field of anesthesiology, the court conceded. However, the court ruled a certified critical care nurse with extensive experience caring for critically ill post-operative patients is a qualified expert on the legal standard of care for nurses caring for critically ill post-operative patients. **Owensboro Mercy Health System v. Payne**, 24 S.W. 3d 675 (Ky. App., 2000).