Labor & Delivery: Nurses Did Not Notify Ob/Gyn Of Changes In Patient's Hemodynamic Status.

T he patient was admitted to the hospital to induce labor at more than forty-one weeks.

After several hours of very slow progress in labor the ob/gyn decided to do a cesarean. The patient was transferred afterward to the post anesthesia care unit where the same labor and delivery nurse who had been with her during labor took over her care.

200 ml of blood tinged urine and some dark red blood showed up in the Foley bag. Her BP before surgery had been 118/74 but dropped to 98/52. Her heart rate had been 84 and rose to 100.

She was transferred from post anesthesia recovery to a med/surg floor during the night. On her first assessment the med/surg nurse got a BP of 98/52 and pulse 102. An hour later her BP was 75/50 and pulse 111. The standard of care requires nurses caring for a patient after a cesarean to be aware of the risk and to be vigilant for signs of internal bleeding.

Changes in this patient's blood pressure and heart rate were consistent with post partum hemorrhage.

Critical data must be communicated to the attending physician while there still is time to intervene and correct the problem.

COURT OF APPEALS OF TEXAS October 21, 2010 Ten minutes later her BP dropped to 68/48. The med/surg nurse called the ob/gyn. A surgical team was assembled and started an exploratory laparotomy two hours after the nurse's call.

Four liters of blood from uterine bleeding were found in the patient's abdominal cavity.

The patient was stable when she left the operating room for the ICU, but only thirty minutes later went into full cardiac arrest. She was pronounced dead early that morning.

The family's expert witness's preliminary report pointed to death from exsanguination traceable to nursing negligence. The Court of Appeals of Texas ruled the expert's report was a sufficient evidentiary basis for the case. <u>Doctors Hosp. v. Hernandez</u>, <u>S.W. 3d</u> <u>_, 2010 WL 4121678 (Tex. App., October 21, 2010).</u>

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