

Morphine Toxicity: Nurses And Physicians Ignored The Signs, Did Not Treat Appropriately, Court Holds Them Negligent.

Following a bone marrow transplant a fifteen year-old patient was put on a morphine drip for pain.

Two weeks after the transplant his temperature spiked, so the physicians ordered frequent status checks and vital signs by the nursing staff. At the same time that this close monitoring was ordered because of the temperature spike his morphine dosage was increased.

Nine hours into the close monitoring a nurse found him unresponsive with a decreased respiratory level. At this point, according to the court record, his pupils were pinpoint and sluggish.

The nurse contacted a resident physician and brought up the possibility of morphine toxicity, but the physician dismissed it on the grounds that he had already been on the increased drip nine hours without a problem.

An hour later the physician talked to another physician and they decided to stop the morphine and give a dose of Nubain as a test to see if morphine toxicity was the root of the problem.

After another hour the patient had deteriorated significantly and Narcan was started, but too late. The patient went into respiratory arrest and coma. He was put on a ventilator. It was discontinued after two weeks and he expired.

The Court of Appeals of Minnesota ruled the boy's probate trustee had grounds to sue the medical facility for wrongful death.

As the medical facility itself was the only defendant, and all the caregivers involved were its employees, it was legally irrelevant for the court to try to sort out the issues of nursing negligence *versus* medical negligence.

The court accepted expert medical testimony that as a group they were negligent, rendering the facility legally liable. **Teffeteller v. University of Minnesota**, 626 N.W. 2d 201 (Minn., 2001).

It was below the legal standard of care for the defendants not to recognize that the pediatric patient was suffering from morphine toxicity.

Morphine toxicity should have been recognized when the nurses were unable to rouse the patient with vigorous verbal or tactile stimulation or with sternal pressure and his pupils were pinpoint.

The legal standard of care at that point required frequent IV boluses or a continuous infusion of Narcan under continuous medical supervision until there was evidence of reversal of narcotic toxicity, i.e., improvement in breathing, improved responsiveness to stimuli and pupil size enlargement.

The physicians ordered the morphine stopped and started Nubain, a different analgesic, instead of starting Narcan to reverse the effects of the morphine.

That was unacceptable. More likely than not it only increased the depressive effects of the morphine.

COURT OF APPEALS OF MINNESOTA,

Epidural Pump Not Stopped: Court Allows Nurse To Argue Physician Was At Fault.

The written physician's orders from the anesthesia service were for the epidural pump to be discontinued and anesthesia to be called if the patient's systolic pressure dropped below ninety.

The pressure dropped below ninety, but the nurses did not stop the pump. Then it dropped below eighty and still the pump was not stopped. The patient had a spinal infarction and became paraplegic.

The Superior Court of New Jersey ruled the staff nurses and the hospital could present in their defense the testimony of a staff nurse that she did phone anesthesia and was given to understand the nurses did not have authorization to discontinue the pump.

The nurses and the hospital will not lose the right to present a defense through no fault of their own.

SUPERIOR COURT OF NEW JERSEY,
APPELLATE DIVISION, 2001.

The broader legal issue was whether the nurses and the hospital had the right to try to shift all or part of the blame to the anesthesiologists after their corporation was dismissed from the lawsuit on a technicality. The patient's lawyers missed the deadline to file an expert witness affidavit with the court for a *prima facie* showing of negligence by the anesthesiologists.

The court ruled the remaining defendants, the nurses and the hospital, in all fairness had the right to argue the anesthesiologists were at fault. There would be a new trial in which they could present that defense to the jury. **Burt v. West Jersey Health Systems**, 771 A. 2d 683 (N.J. App., 2001).