

LEGAL EAGLE EYE NEWSLETTER

January 2014

For the Nursing Profession

Volume 22 Number 1

Post-Neurosurgery Care: Court Sees No Nursing Negligence, Dismisses Lawsuit.

The patient was admitted to the hospital for elective surgery to remove an acoustic neuroma, a benign slow-growing tumor of the vestibular nerve which was causing progressive hearing loss and ringing in her right ear.

She went to the ICU right after her surgery and was transferred to a med/surg floor the next day.

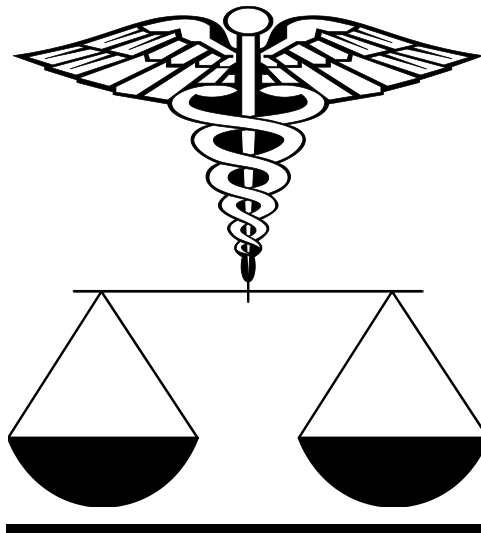
She started having headaches the day after surgery. Her reports of the intensity of her pain varied from 3/10 to 9/10. She was given pain medication which helped her.

The morning of the second day after surgery the intensity of her headaches increased to 10/10 and she was given more pain medication.

Early that afternoon the patient's nurse, the same one who had been her day nurse on the med/surg floor the day before, did an unscheduled neuro check and found left side weakness. All the routine neuro checks had been normal until this time.

The left side weakness was a new sign which the nurse immediately reported to the physician as a change in the patient's medical status.

The physician ordered a CT scan, which was done within an hour and showed significant bleeding inside the skull. About an hour after the CT the patient became unresponsive.



No neurological changes occurred until the early afternoon of the second post-operative day.

The patient's ICU nurse did an unscheduled neuro check and found left side weakness, which was a new sign.

The nurse immediately phoned the physician, who ordered a CT scan which was done within an hour.

COURT OF APPEALS OF OHIO
November 21, 2013

Shortly after the patient became unresponsive surgery was started to drain fluid from her skull, but she was left with dead tissue from ischemia in her brain.

Court Rules in Favor of the Hospital

The Court of Appeals of Ohio ruled there was no negligence by the patient's nurse.

The Court accepted medical testimony that headaches, even severe headaches, are not uncommon or unusual after acoustic neuroma surgery and, without accompanying changes in the neurological signs, do not warrant a CT scan or other intervention beyond pain medication to manage the symptoms.

The patient's nurse monitored the patient carefully for neurological changes and immediately reported the left side weakness to the physician as a new sign when it first appeared.

The nurse's documented neurological checks before that time had all been normal, except for the headaches which were to be expected and were being managed with pain medication.

The Court accepted testimony from the hospital's nursing experts that the nurse's actions in this case fully met the nursing standard of care for the care of a post-neurosurgery patient. ***Stanley v. Ohio State Univ. Med Ctr., 2013 WL 6157232 (Ohio App., November 21, 2013).***

Inside this month's issue...

January 2014

New Subscriptions
See Page 3

Post-Neurosurgery Nursing Care - Resident vs. Resident Assault
Skin Care/Nursing Expert - Nurse/Disability Discrimination
Patient Suicide/Nursing Facility/Adequate Supervision
Minority Nurse/Race Discrimination - Racial Bias/Minority Tech
Nurse Whistleblower - Hearing Impaired Hospital Patient
Patient Suicide/Stevens-Johnson Syndrome - Vitiligo/Nursing Care
Psychiatric Emergency/EMTALA/Refusal Of Care/Informed Consent
Functionally Impaired Person - Post-Surgery E.R. Visit/EMTALA