

Central Line: Vein vs. Artery, Nurses Faulted For Complications.

The patient's lawsuit alleged that the hospital's anesthesiologist improperly placed a central subclavian line in an artery rather than the vein.

Correct placement of the subclavian venous line was ostensibly verified by a single-view chest x-ray ordered by the anesthesiologist and read by a radiologist.

Eventually the patient's nurse did determine and did report to the physicians that the line was in an artery, not the vein.

That was after ten days during which time other nurses flushed the line and used it to give medications and draw blood without seeing that it was in an artery.

The hospital's nurses failed to observe, detect and promptly report to the treating physician the improper placement of the central line, placed in an artery rather than the vein.

That delayed for ten days action to correct the improper placement of the line, which caused or contributed to the medical complications suffered by the patient.

COURT OF APPEALS OF TEXAS
July 11, 2013

The Court of Appeals of Texas accepted the opinion of the patient's medical expert that the hospital's nurses could be found negligent for using the line to inject medications and to draw blood samples and for flushing the line, for a period of ten days, without noticing and reporting that it was incorrectly placed in an artery rather than the vein.

The expert also accused the anesthesiologist of negligence who placed the line and the radiologist who failed to detect that it was improperly positioned. **Hillcrest Baptist v. Dixon**, __ S.W. 3d __, 2013 WL 348197 (Tex. App., July 11, 2013).

Nurse Midwife: Court Sees Substandard Treatment.

After the incident the nurse midwife's license was suspended for the following charges:

Practicing in a home delivery setting without approval from the Board of Nursing for home births and without a collaborating physician for homebirths.

Lack of documentation, including labor and delivery records and fetal monitoring strips, regarding the patient's intra-partum course.

Failing to treat the patient's Group B Strep per Centers for Disease Control guidelines and lack of documentation that the patient declined and understood the risks of declining antibiotics.

Administering Pitocin intramuscularly to augment labor and failing to document any fetal monitoring after administration.

Using or directing the use of fundal pressure to hasten vaginal delivery.

Performing an episiotomy when the baby's head was not crowning and the baby was at +1 station.

It was not necessary under Maryland law for the hospital to bring in the midwife as a co-defendant to be able to raise her negligence as a defense.

COURT OF SPECIAL APPEALS
OF MARYLAND
July 3, 2013

The jury returned a \$55 million verdict against the hospital where a child was born who now has cerebral palsy from brain damage at the time of birth, reduced to \$28.3 million by the judge because of the state's cap on non-economic damages.

The hospital appealed the verdict on the grounds that the judge erred by refusing to allow the jury to hear expert testimony that the child's brain damage was caused entirely by the negligence of the nurse midwife who attempted a home delivery before calling 911 to have the mother taken to the defendant hospital.

The Court of Special Appeals of Maryland agreed with the hospital's position. The hospital had the right to have evidence of the midwife's alleged negligence brought to the jury's attention.

Standard of Care for Nurse Midwife

The hospital's expert who was not allowed to testify pointed to the use of fundal pressure and to its use so early in labor that it would not hasten labor but only result in dangerous downward force on the head against the pelvis.

The nurse midwife also allegedly gave multiple IM injections of Pitocin one-thousand times larger than what is given IV in the hospital. That was not followed by close monitoring of the response in the fetal heart rate on a fetal monitor, no fetal monitor being in use at the time.

The mother was told to "cleanse" herself during labor with a probiotic treatment as an alternative to taking antibiotics for Group B Strep for which the mother had tested positive.

The nurse midwife then allegedly misjudged the stage of labor and performed an episiotomy. That did not cause the head to emerge, so she sutured the wound closed and decided she needed to call paramedics to transport the mother to the hospital.

Nurse Midwife Was Not Named In the Lawsuit

The Court ruled that the nurse midwife did not have to be named as a defendant in the lawsuit by the mother or by the hospital for her negligence to be raised as a factor mitigating the hospital's legal liability exposure under Maryland law. **Martinez v. Johns Hopkins**, __ A. 3d __, 2013 WL 3337277 (Md. App., July 3, 2013).