Inconsistent Lab Values: Nursing Home Had A Duty To Investigate.

The seventy-nine year-old nursing home resident had been diagnosed with Alzheimer's.

During a three-week hospitalization for aspiration pneumonia and dysphagia he underwent placement of a percutaneous endoscopic gastrostomy tube.

At the time of his discharge back to the nursing home from the hospital his creatinine was normal and his BUN was slightly elevated at 28.

Documentation at the nursing home included nutrition fed through the tube along with 2,500 cc's of water daily.

However, the patient's BUN increased to 118 with worsening creatinine levels. The patient was transferred back to the hospital where he soon died. There was no autopsy.

It was physiologically impossible according to the family's expert physician for the patient to have received 2.5 liters of water daily as documented in the nursing home chart, given the patient's lab values.

NEW YORK SUPREME COURT
QUEENS COUNTY
April 15, 2015

The New York Supreme Court, Queens County, agreed with the family's expert physician that there was a noticeable discrepancy between the patient's lab values which pointed to dehydration and the nursing flow charts which documented he was getting ample hydration.

The nursing home had a duty to investigate what was really going on, which could have been that he was not actually getting hydration, and correct the problem.

An ultrasound in the hospital the day before death showed no evidence of renal pathology, the Court pointed out. **Peters v. Nesconset, 2015 WL 1768991 (N.Y. Super., April 15, 2015).**

Narcotics: Jury Blames Overdose On Hospital's Procedures.

The patient's laminectomy and spinal fusion procedure went ahead without a hitch.

Then at 2:00 a.m. the next morning a lab technician found the patient cyanotic and unresponsive in his med/surg hospital room. He died two days later from anoxic brain injury due to respiratory arrest.

In the post-anesthesia care unit (PACU) two resident physicians had written duplicate orders for narcotics which were both given by a PACU nurse.

The patient was also medicated in the PACU with patient-controlled anesthesia (PCA). The PACU nurse added PCA dosing to the patient's own on orders from the anesthesiologist. On leaving the PACU for a med/surg floor the patient was handed a take-home dose of an oral narcotic.

On the med/surg floor the nurses gave him more pain medication and a sleeping pill before he was found unresponsive.

The jury ruled expressly that the hospital's procedures for handling duplicative medical orders did not meet the standard of care.

COURT OF APPEALS OF OHIO
May 14, 2015

The jury in the family's malpractice lawsuit against the hospital ruled expressly that the hospital's procedures were inadequate for controlling duplicative dosing of narcotics by different caregivers all under the same roof.

However, the jury only awarded a small portion of the damages to which the family was entitled even though the hospital's negligence was the cause of death. Apparently the jury was confused by the jury instructions given by the trial judge, an error the trial judge had tried to correct by ordering a new trial.

The Court of Appeals of Ohio agreed the family was entitled to a new trial. **Henry v. Cleveland Clinic, 2015 WL 2251214 (Ohio App., May 14, 2015).**

Blood Donors: Proposed New Guidelines From FDA Re HIV.

On May 15 the US Food and Drug Administration (FDA) announced a proposed new guidance document titled "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products: Draft Guidance for Industry."

The FDA will be accepting public comments on the proposed new guidance document until July 14, 2015.

The guidance document when issued in final form and the new questionnaires and education materials will only be recommendations from the FDA and are not intended by the FDA to establish any legal rights or create binding responsibilities.

A policy change may be called for based on studies conducted by US Public Health Service Agencies from 2011-2014.

The FDA's proposed new guidance would change the blood-donation deferral period for men who have had sex with men from indefinite deferral to one year after the last such sexual contact.

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We have the FDA's proposed new guidance document available at http://www.nursinglaw.com/FDA051515.pdf

That document as well as other guidance documents from the FDA for blood, biologics and vaccines can be accessed from the FDA's own website at http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm

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