

## Acute Pancreatitis: Patient's Lawsuit Alleges Sub-Standard Nursing Care First Day In The Hospital.

The diabetic patient came to an emergency room with abdominal pain. He was promptly diagnosed with acute pancreatitis and admitted to a med/surg unit.

The next day he was transferred to another hospital. There it was discovered that he was seriously dehydrated and had seriously elevated blood glucose.

Notwithstanding intensive medical interventions at the second hospital he was left with irreversible brain damage.

A lawsuit was filed on his behalf against the first hospital for medical and nursing negligence. The Court of Appeals of Texas believed the nursing and medical expert witness opinions supporting the patient's lawsuit were right on the mark and ruled the lawsuit could go forward.

### Nursing Negligence

The patient's nursing expert listed multiple errors and omissions in the patient's care at the first hospital.

The nurses did not take vital signs frequently and report changes to the physician. Nor were frequent finger-stick blood glucose readings obtained or reported to the physician. The patient was not on O<sub>2</sub> and did not have an O<sub>2</sub> sat monitor.

The nurses did not request a nasogastric tube for the patient who was NPO.

***The patient's deterioration was not addressed by the medical staff due to sub-standard monitoring of and response to his changing health status by the hospital's med/surg nurses.***

***He rapidly sank into dehydration and diabetic keto-acidosis which led to cerebral edema and irreversible brain damage.***

***The patient's lawsuit against the hospital stands on solid ground.***

***The lawsuit is supported by an expert opinion from a registered nurse detailing specific errors and omissions by the nurses.***

***The lawsuit is further supported by a physician's expert opinion detailing sub-standard medical care, much of which can be linked to inadequate data-gathering by the patient's hands-on nursing caregivers.***

COURT OF APPEALS OF TEXAS  
May 22, 2008

Fluid balance is critically important with a patient who is NPO and at the same time losing fluid large amounts of fluid through the kidneys from diuresis brought on by hyperosmolar blood glucose levels.

The nurses should have been monitoring input and output and reporting to the physician so that the IV fluid infusion rate could be set to match the major fluid losses the patient was experiencing.

From the records it could not be verified that the nurses gave any of the insulin that the doctors ordered. San Jacinto Methodist Hosp. v. Carr, 2008 WL 2186473 (Tex. App., May 22, 2008).