

# LEGAL EAGLE EYE NEWSLETTER

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*For the Nursing Profession*

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## Nursing Malpractice: Problem Should Have Been Noted And Physician Called.

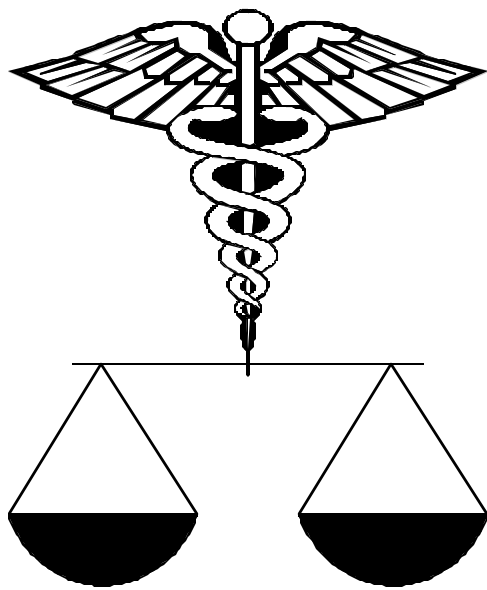
**T**he patient was admitted through the emergency room for numbness below the waist and tingling in her leg. The work-up in the E.R. disclosed a low fever and an elevated white blood count. The patient had had no loss of lower body motor function or loss of bowel or bladder control.

The Supreme Court of Illinois said the patient's physician had two differential medical diagnoses to rule out: an epidural abscess from osteomyelitis, or a malignant spinal tumor.

According to the medical evidence the court said it considered before making its decision, an epidural abscess would tend to cause sensation and lower body motor function to decline together gradually and progressively, while a spinal tumor would tend to cause a sudden loss of motor function and loss of bowel and bladder control from an acute infarct affecting the blood supply to the spinal cord.

On the afternoon following admission, the neurologist's provisional diagnosis was a spinal tumor, as there had been no loss or even an onset of decline in lower body motor function.

However, later that afternoon the patient started having difficulty moving her legs. She got out of bed and walked



***The physician was unaware that the apparently sudden paralysis, noted and reported by the a.m. nurse, actually was preceded by a gradual decline of motor function, which the p.m. and night nurses had not noted or reported.***

***The physician's working diagnosis was incorrect, and the patient suffered serious harm.***

SUPREME COURT OF ILLINOIS, 1997.

to the bathroom unassisted, but had to ring for help to arise from the commode. She said her legs were numb and did not seem to work. Two aides got her into a wheelchair, then helped her back into bed, but did not tell the charge nurse, and no one called the physician. The nurses' notes stated the patient had not experienced any significant change in her condition during the shift.

The night nurse knew the patient was having difficulty moving her leg, but did not believe this was a significant change in her condition, did not chart it and did not notify the physician.

In the morning the day nurse found the patient completely paralyzed below the waist, and called the neurosurgeon right away. The neurosurgeon erroneously concluded the paralysis had had the sudden onset he believed was consistent with infarct from a spinal tumor.

The patient, in fact, had a spinal abscess from osteomyelitis. The court ruled she would have benefited from surgery, but a correct medical diagnosis was not formed in time to do the surgery. The root cause of the whole situation was negligent nursing assessment and documentation, for which the jury returned a substantial verdict against the hospital. **Houlton vs. Memorial Hospital**, 679 N.E. 2d 1202 (Ill., 1997).

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