

# Emergency Room: Court Accepts Unusually Detailed Statement Of The Standard Of Care For Nursing Assessment Of Pediatric Patients.

The parents filed suit after their twenty-two month-old child died from dehydration twelve hours after discharge from the hospital's emergency room.

For the lawsuit the parents' attorneys filed detailed reports containing the expert opinions of a board-certified emergency physician and a certified family nurse practitioner with a faculty position at a major nursing school.

The attorneys representing the defendant emergency physician and emergency nurse practitioner challenged the parents' experts' qualifications as well as the substance of their expert opinions.

The trial judge overruled the challenge, upholding their qualifications and ruling that their opinions were right on the mark on the standards of care for physicians and nurses seeing pediatric patients in the emergency room. The Court of Appeals of Texas agreed that the parents' lawsuit can go forward.

## Standard of Care

The standard of care for a Nurse Practitioner (NP) treating a nearly two year-old child in the emergency department with a history of vomiting and diarrhea requires that the NP understand that children with fluid and electrolyte disorders require meticulous diagnostic skills because serious illness may be overlooked with cursory examination or treatment.

The standard of care also requires that the NP obtain specific information from the parent or caregiver regarding the duration, severity and quantity of the vomiting and diarrhea and the order in which the symptoms developed.

Information regarding the presence or absence of fever and the consistency and content of stools should be obtained as well as the child's recent intake, appetite and ability to keep food and fluids down. The NP should also obtain information about whether other family members are ill, whether the child attends day care and whether the child has recently traveled.

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***The attorneys filed experts' reports setting out the legal standard of care with an unusual degree of detail.***

COURT OF APPEALS OF TEXAS  
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The standard of care requires that the NP conduct a physical examination of the child that includes assessment of mental status (including signs of lethargy or anxiety), vital signs on admission and discharge (including temperature, heart rate, respiratory rate and blood pressure), assessment of skin turgor (including whether mucous membranes are moist or dry and whether the eyes are sunken) and a general assessment of the ears, throat, heart, lungs, abdomen and extremities.

The standard of care requires that a weight be obtained with a comparison of the child's usual weight (according to prior records or information from the parents). When there is a significant decrease in the child's weight (i.e. over 6%) and the child appears ill, the standard of care requires that a urine specific gravity and other serum studies (electrolytes, blood urea nitrogen and creatinine) be obtained to clarify the child's actual fluid and electrolyte status.

The standard of care requires that children with moderate dehydration (6% to 9%) be kept in the E.R. (or another supervised setting such as a physician's office or urgent care center) to be given a trial of oral replacement therapy. The dehydration is corrected by giving at least 60-120 ml/hour over several hours. Following this therapy, the child's hydration should be reassessed.

The child should not be discharged from the E.R. until the oral hydration therapy has been successfully given.

If the oral replacement therapy is not successful due to intolerance to oral intake or excessive continued losses, the child should be given IV fluids and evaluated for admission if necessary.

The standard of care requires that NP's be aware that the administration of Benadryl or other medications that cause drowsiness is not indicated for the treatment of vomiting and diarrhea due to acute gastroenteritis.

The NP should be aware that if a child is given Benadryl after discharge, the medication will likely make the child drowsy and the parents will not be able to assess whether the child's mental status and condition is deteriorating due to a fluid and electrolyte imbalance.

The standard of care requires that the NP provide both written and oral discharge instructions to the parent or caregiver.

For a child that has been evaluated for multiple episodes of vomiting and diarrhea that is being sent home, the discharge instructions must include specific information regarding the signs and symptoms of dehydration and the amount and types of fluid the child should be given at home.

The discharge instructions should indicate potential signs of worsening dehydration such as: dry lips and mouth, a dark color or a strong smell to the urine, not urinating very often or very much, little or no tears when crying, sunken eyes, not paying attention to toys or television, being difficult to wake up, vomiting up nearly everything he/she drinks or eats or feeling thirsty but drinking liquids makes the child vomit.

For a child with mild dehydration the discharge instructions should include information to give the child one or two teaspoons every 5 minutes (approximately 1-2 ounces per hour) of an oral rehydration solution; if the child does well, give bigger sips a little less often (every 5-10 minutes). Continue until the child is no longer thirsty, has adequate urinary output and is not showing any signs of dehydration.

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