PEG Tube: Nurses Mishandled Care, Failed To Advocate For The Patient.

The twenty-three year-old patient came to the emergency room with serious injuries from a motorcycle accident.

The physicians determined his injuries would not require surgery. While he was still in intensive care a tracheostomy was done and a PEG tube was inserted for tube feedings. Then the patient was transferred to a med/surg unit on his twenty-second day in the hospital.

The second day on the med/surg unit a nurse was attempting to flush the PEG tube when a loud "pop" was heard by the family who were present, although this was not charted in the nursing progress notes.

Vital signs afterward did show a decreased BP and increased heart rate, which the nurse reported to the on-call surgeon. The surgeon reportedly told the nurse to call the cardiologist, which she did, but the cardiologist never came in and the nurse did not follow up.

Early the next morning the nurse called the surgeon again and reported abdominal pain and an elevated pulse. She also told the surgeon the cardiologist never came to see the patient.

Two hours later the cardiologist was called again. He ordered medication and a transfer to the cardiac care unit.

The cardiologist and the surgeon came in a few hours after that and ordered a transfer back to intensive care. The ICU nurse called the hospitalist physician to report a pulse of 180, but it took the hospitalist two hours to come in.

The patient continued to deteriorate until early that afternoon when he coded but was revived. Later that afternoon he was taken to surgery. The g-tube was found free-floating in the abdomen along with widespread sepsis. The patient has remained in a coma ever since.

The bulk of the settlement of the lawsuit filed in the Superior Court, Riverside California was paid by the hospital for the negligence of the nurse who "popped" the PEG tube and the nurses who failed to coordinate the patient's care by appreciating the gravity of his situation and advocating for the physicians to respond in a more timely way. **Confidential v. Confidential, 2011 WL 2725234 (Sup. Ct. Riverside Co., California, January 3, 2011).**

Pediatric Patient: Nurse Fractured The Femur While Giving An Injection.

The eleven month-old infant was brought to the pediatrician's office for infections in both ears.

The physician prescribed medication to be given in a series of three IM injections over three days.

The third injection was administered by an registered nurse who reportedly applied excessive pressure holding him down and fractured the infant's right femur.

The mother called the office the next day concerned that the infant's leg was swollen and tender to the touch and was not moving as much as before. The nurse advised her that was normal after an injection and not to worry.

The parents brought the infant back two days and again four days after that. A physicians assistant and a physician diagnosed the problem as cellulitis and advised using hot compresses and massages.

The next day a pediatrician finally determined the leg was fractured and told the parents to take him to the emergency room. The diagnosis was a spiral oblique fracture of the femur.

The lawsuit filed by the parents on the infant's behalf in the Circuit Court, Palm Beach County, Florida alleged negligence by the nurse who used improper technique in restraining an infant for an IM injection as well as negligence by the clinic itself for providing inappropriate nursing supervision and negligent follow-up assessment and care when the problem was reported over the phone and the infant was brought to the office twice before the problem was finally recognized.

With approval from the Court the parents accepted a $100,000 settlement. **O'Quinn v. Pediatric Assoc., 2010 WL 6896501 (Cir. Ct. Palm Beach Co., Florida, December 15, 2010).**

Asystolic Patient: Court Faults First Responders.

A thirty-eight year-old corrections officer collapsed at the jail while playing basketball after work. He was unresponsive, was not breathing and his pupils were dilated.

A physicians assistant and a registered nurse, employees of a nearby hospital with the contract to provide on-site medical care at the jail, were the first to come to his aid.

They hooked up the defibrillator and quickly determined he was asystolic with possible V fib. There was no electrical activity in the heart. They tried to defibrillate with the paddles, starting with the lowest setting which was a 200 joule shock.

911 paramedics arrived eighteen minutes later. They immediately started an IV and gave epinephrine and then atropine. However, the patient could not be resuscitated and died.

The RN and the PA were both able to start IV's and should have known that the protocol for a patient in asystole is not to shock the heart but to start an IV, give epinephrine and atropine and intubate.

NEW YORK SUPREME COURT
APPELLATE DIVISION
June 30, 2011

As paid professional caregivers acting within the scope of their job duties, providing care to facility staff as well as the inmates, they were not entitled to the benefit of the Good Samaritan Law which would have exempted them from liability except for gross negligence, the New York Supreme Court, Appellate Division ruled.

The Court accepted expert testimony that shocking a patient in asystole is not indicated and can in fact damage the heart muscle and diminish the chances of survival. That this patient would likely have died anyway even with competent care was not an argument to which the Court was willing to open the door. **Estate of Murray v. St. Barnabas Hosp., __ N.Y.S.2d __, 2011 WL 2567782 (N.Y. App., June 30, 2011).**