LEGAL EAGLE EYE NEWSLETTER

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Post-Surgical Nursing Care: Court Sees Grounds For Patient's Negligence Lawsuit.

The patient's underwent a nine-hour thoracic surgical procedure for mitral valve repair.

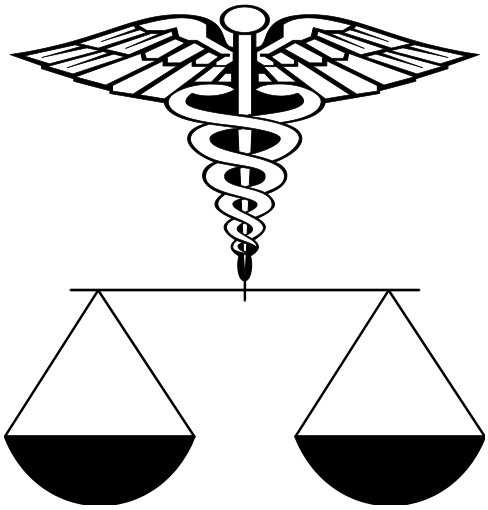
During the procedure, which normally lasts around three hours, circulation was compromised to the lower leg on the side of the body where the femoral arterial and venous cannulas were inserted to route blood to the heart/lung machine.

Compartment syndrome is a known risk that can come with lengthy cannulation of the femoral circulation, leading to ischemia, muscle damage, limb amputation and even death.

The patient did not do well in his initial recovery period. He stayed on the ventilator with high O_2 concentration for blood clots in his lungs and gained about forty pounds of fluid. Elevated creatinine pointed to renal failure.

Two days after surgery the patient, although still under heavy sedation, was pointing to his leg and trying to communicate something to his nurse and to his wife who was at the bedside.

The nurse would not give him a pencil and paper to write. She just assumed the problem was a cramp in his leg and began massaging his calf. She noticed that the calf was harder than a normal leg. It was also clear from his facial expression that the patient was in a lot of pain.



When the nurses checked for pedal pulses post-operatively they found them diminishing over time.

Later the patient tried to communicate that he was in pain. His foot was cold and his lower leg was turning blue.

Major damage to the leg could have been avoided if the nurses had contacted the physician.

COURT OF APPEALS
OF NORTH CAROLINA
January 4, 2011

Two days before the pedal pulses disappeared altogether the nurses began to notice diminishing strength of the pedal pulses in the right foot. Some days there was also no documentation at all of the pulses being checked during the p.m. hours, even though the surgeon had written orders for circulation checks every four hours.

Family members noticed the patient's foot was cold and his lower leg was blue. The nurse told them that was normal after heart surgery.

During the night the nurse noticed there was no pulse at all in the right foot. The nurse called the surgeon's physician's assistant, who relayed the message to the surgeon. The surgeon realized it was compartment syndrome and came in and performed a fasciotomy, but not before significant permanent damage had been done to the muscles of the patient's lower leg.

If the nurses had been checking the patient as closely as they should have, and had reported the signs to the surgeon, compartment syndrome could have been discovered and acted upon almost two days sooner. The Court of Appeals of North Carolina ruled the patient had grounds to sue for nursing negligence. **Perry v. Presbyterian Hosp., __ S.E. 2d __, 2011 WL 13935 (N.C. App., January 4, 2011).**

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