

Status Asthmaticus: Nurse To Share Blame For Ten Year-Old Child's Death In The E.R.

A jury in the Supreme Court, Kings County, New York awarded \$3,500,000 to the parents of a ten year-old child who died in a hospital emergency room in the throes of an asthmatic attack.

The scenario portrayed at trial was a complex series of alleged errors and omissions by the emergency-room medical and nursing staff.

The jury apportioned 10% of the verdict against the emergency room nurse.

Bucking the Respirator Patient Restrained

The emergency room nurse testified at trial she believed that a ten-year old child bucking her respirator during an acute asthma attack should be handled as a "combative" patient, that is, she believed the emergency room staff were justified in tying her down to her bed.

Endotracheal Tube Removed Out for Fifteen Minutes

The nurse noticed that the endotracheal tube seemed to have been inserted too far. Instead of just pulling the tube back three to five centimeters and calling the anesthesia service for someone with expertise, the nurse reported it to the emergency room physician, who pulled the tube all the way out.

It stayed out fifteen minutes, with the patient unable to breathe, waiting for anesthesia to come and re-intubate the patient.

Epinephrine Overdose

During the code blue the nurse apparently administered one of a total of eight ten milligram doses of epinephrine that were given the patient. The experts testified that .35 milligrams is the maximum for any single pediatric dose of epinephrine.

The verdict was meant to compensate the parents for the loss of their child and to compensate the child's probate estate for the conscious pain and suffering the child herself experienced during her final ordeal. **Rivera v. City of New York et al., 2007 WL 2247127 (Sup. Ct., Kings Co., New York, June 26, 2007).**

When 911 emergency paramedics brought the girl to the emergency room, hospital personnel told her mother they would not treat her daughter until she was registered.

The doctors started by intubating the patient right away. She was intubated without first trying to treat her with respiratory medications like albuterol and/or IV corticosteroids.

The patient was intubated without administration of sedatives, muscle relaxants or a paralytic agent.

The patient began bucking the respirator. Medications were administered to stop the bucking, but only after she had been intubated.

The respirator was set at 40 breaths per minute, rather than 8 to 10. Positive end expiratory pressure (PEEP) was set at 5, which the expert witnesses testified was inappropriate during an acute asthma attack.

8 x 10 mg epinephrine doses were given over 85 minutes, which the experts testified is many times the maximum single and cumulative pediatric dosages.

SUPREME COURT, KINGS COUNTY
NEW YORK
June 26, 2007