Presented by NSO and CNA

NURSE MEDICAL MALPRACTICE

Case Study with Risk Management Strategies

Medical malpractice claims may be asserted against any healthcare practitioner, including nurses. This case study involves a registered nurse responsible for the post-operative care of a patient where the RN was also supervising and providing direction to a licensed practical nurse (LPN).

CASE STUDY Failure to adequately assess and monitor the patient post operatively, resulting in the patient's death.

Total Incurred: Greater than $260,000

Note: There were multiple co-defendants in this claim who are not discussed in this scenario. While there may have been errors/negligent acts on the part of other defendants, the case, comments, and recommendations are limited to the actions of the defendant; the nurse.

Summary

The decedent/plaintiff was a 67-year-old male who underwent a right total knee replacement. Following the procedure, the plaintiff was treated in the post-anesthesia care unit where an epidural catheter was inserted for post-operative pain management.

Following one episode of hypotension which was treated successfully with ephedrine, the plaintiff was transferred to the post-acute critical care unit with the epidural in place. Although the defendant nurse customarily worked as a charge nurse on the medical-surgical nursing care unit, she had been re-assigned to the post-acute critical care unit. In addition to her duties as the charge nurse for the unit, the defendant nurse was assigned to assess the plaintiff and oversee his care. The defendant nurse stated that she understood her assignment at the time of the plaintiff's admission to this unit.

The defendant nurse assessed the plaintiff upon his admission to the unit and found him to be stable. The defendant nurse understood that the direct care of the plaintiff was assigned to a co-defendant licensed practical nurse (LPN). However, the nurse failed to document a plan of care that included care of the epidural catheter and additional monitoring of vital signs for hypotension.

Approximately three hours after arriving on the unit, the plaintiff was unable to tolerate ordered respiratory therapy due to nausea and vomited shortly thereafter. According to the defendant nurse, approximately ten minutes after the episode of vomiting, the LPN found the plaintiff cyanotic and unresponsive and immediately called a code.

The defendant nurse responded, as did the code team, and the plaintiff was intubated and transferred to ICU. This account of events was disputed by the LPN and two other staff on the unit who understood that the defendant nurse was responsible for the direct care of the plaintiff. The LPN stated that it was the defendant nurse who found the plaintiff to be unresponsive at some point after the episode of vomiting and called the code herself. The elapsed time between the episode of vomiting and the code is also disputed.

The eventual diagnosis was anoxic encephalopathy due to the time that elapsed before CPR was initiated. The prognosis was poor and life support was withdrawn. The plaintiff breathed independently and was transferred to hospice care where he subsequently expired.

Risk Management Comments

There is some question whether the patient was, in fact, stable when he was admitted to the post-acute critical care unit. Ordered vital signs and respiratory assessment were not documented. The fact that the plaintiff had experienced hypotension in the recovery room should have warranted even closer observation. The episode of nausea and vomiting should have resulted in additional observation and notice to the physician.

In addition, failure to understand and differentiate the role of the defendant registered nurse and the LPN and clearly provide direction, plan of care and oversight played a large role in this case. The defendant nurse seemingly misunderstood both her assignment, as well as the assignment of the LPN. There may have been miscommunication among the nursing staff as the defendant nurse did not usually work on the unit where this event occurred.

View our video of this case study!

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Resolution

A lawsuit was filed on behalf of the deceased plaintiff, alleging malpractice against multiple providers, including the insured nurse and LPN. Given that the timeline and events in this case are disputed by the team, it would lead the plaintiff's attorneys to believe that communication and team work for this patient was absent.

Experts determined that the defendant nurse had breached the standard of care in the following areas, including:

- Failure to formally clarify her work assignment
- Failure to properly assess the plaintiff upon his admission to the post-acute critical care unit
- Failure to properly supervise the LPN's care of an unstable patient
- Failure to follow physician post-operative care orders
- Failure to notify the physician of changes in the plaintiff's condition
- Failure to initiate CPR immediately upon finding the plaintiff to be unresponsive

Given the departures from the standard of care and the pejorative testimony of other staff members regarding the defendant nurse's care, the decision was made to settle the case on behalf of the defendant nurse. The total cost to defend and resolve the case was greater than $260,000.

Risk Management Recommendations

- Each staff member is responsible to ensure clarity regarding their direct care patient assignments, as well as any supervisory or monitoring duties that are assigned. Clearly document assignments at the start of the shift and include and communicate any modifications to the assignment during the shift. This is even more critical when staff typically assigned to other areas is floated to the unit.
- Fully assess patients upon admission to the unit and notify the physician if any patient is deemed unstable or if care and monitoring is required beyond what is available on the nursing unit. Provide the physician with the patient's specific clinical signs and symptoms.
- Timely and completely carry out physician orders. Perform and document all ordered monitoring and treatment and notify the charge nurse and physician of any orders that could not be carried out due to patient condition or refusal of care.
- Timely notify the attending physician of any significant changes in the patient's condition.

Nurse Liability Claim Report

Ever wonder why nurses are sued for malpractice, and what you can do to reduce the risk of patient harm and potential lawsuits? NSO, in collaboration with CNA, has released the fourth edition of their *Nurse Professional Liability Exposure Claim Report: Minimizing Risk, Achieving Excellence*. This report provides a wealth of statistical data and analysis that shows how nurses' malpractice claims have evolved over the past 20 years, as well as risk control strategies to reduce nurses' potential liability exposures and enhance patient safety.

Visit **nso.com/nurseclaimreport** to access this valuable resource.

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