

Ohio Appellate Court Nursing Care Evaluation

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Recently, an Ohio Appellate Court evaluated a nurse's care of the deceased patient which was one of the central issues in the case.¹

Mrs. S. had been suffering from progressive hearing loss and ringing in her right ear. She consulted with an Otolaryngologist and the physician ordered an MRI which showed the presence of an acoustic neuroma. The patient was then referred to a Neuro-Otologist cranial based surgeon.¹

The Neuro-Otologist offered three options for Mrs. S. Because the tumor had grown larger in size within a relatively short period of time, the patient decided to have the tumor removed. The surgery was performed and the post-operative report by the physician was that the surgery went well. Mrs. S. was transferred to the ICU and an ICU nurse was assigned to her care.

The next day, Mrs. S. complained of headaches of varying intensities but they were controlled with pain medications. Her vital and neurological signs were normal. She was, however, "vomiting quite a bit".²

Shortly thereafter, Mrs. S. stated that her headache "was a nine on a scale of zero to ten". Pain medication was given and about an hour later, she characterized the pain as a three on the same scale. Vital and neurological signs were normal.

Half an hour later, the patient complained that her headache was a ten on the same scale. The nurse gave Mrs. S. IV Morphine and contacted the resident who assisted during the surgery. Monitoring was continued and the headache was characterized as a three out of ten after the Morphine was administered.

The pain from the headache decreased for a short time only. The nurse contacted the resident again, who contacted the surgeon, and a different pain medication was ordered. The latest pain medication decreased the headache pain for a short period of time.

Shortly thereafter, Mrs. S. appeared drowsy, and a neurological examination showed left-sided weakness in her grasp.³ She was given Narcan in an attempt to reverse the effects of the narcotic pain medication, and a CT scan was ordered.

The CT scan showed intracranial bleeding and hydrocephalus. The patient became unresponsive, was intubated, and a neurosurgeon performed a ventriculostomy and performed a CTA (angiogram) to locate the source of bleeding. The CTA showed no abnormalities, so a magnetic resonance venogram (MRV) was also performed, but was negative for any vein obstruction. An MRI, however, did show areas of ischemia and dead brain tissue.

Decompression surgery was also done to prevent further damage due to swelling of the brain, but Mrs. S. suffered permanent brain damage requiring personal care on a continual basis.⁴ Because of her brain injuries, her husband was granted guardianship of his wife.

The patient's husband filed a case against the medical center alleging medical malpractice by the surgeons and negligence by the hospital under the theory of respondeat superior, in addition to other theories of liability. The trial court returned a verdict in favor of the medical center. The husband appealed the decision to the Ohio Appellate Court.

In upholding the trial court decision in favor of the medical center, the Court carefully analyzed the evidence of the trial. The Court opined that the nursing care provided Mrs. S. met the nurse's overall standard of care in the situation.

The nurse's testimony clearly supported that she was not negligent: she continually assessed the patient's neurological and pain status; contacted the physicians at the appropriate times;

monitored the patient regularly and consistent with standards of practice and standards of care; and documented all of her interventions and contacts with the physicians throughout her care of the patient.

Two nurse experts testified during the trial—one for the husband of Mrs. S. and one for the medical center. Although clearly contradictory, the Appellate Court held that their respective testimony supported the trial court's judgment for the medical center. In addition, there was no evidence that would support that the expert opinions were not credible or not competent.

In short, the trial court's decision for the medical center under the respondeat superior theory was based on the fact that the husband's nurse expert was unable to testify to a breach of the standard of care of the nurse caring for his wife.

This case illustrates many principles for you as a nurse working with a patient who has had surgery for a neurological event. They include:

1. Continually assess a patient's neurological status, pain level, and vital signs;
2. Contact the physician immediately whenever there is a question of, or an actual change in, the above indicators;
3. Carefully administer any pain medications ordered for the patient;
4. Document regularly, completely, and accurately, remembering to carefully note specific times of observations, changes, and calls to physicians;
5. Keep up-to-date on standards of practice;
6. Remember that nurse experts—one in your defense and one for the patient—will educate the jury as to whether or not your conduct conformed to your overall standard of care; and
7. Advocate for the neurological patient who will most likely be unable to do so himself or herself.

1. Stanley v. The Ohio State University Medical Center, 2013 Ohio 5140-Court Listener.com. Available at: <https://www.courtlistener.com/opinion/2707131/stanley-v-ohio-state-univ-med-ctr/> .
2. Id., at 2-3.
3. Id., at 3.
4. Id., at 3.

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