

Failure to Monitor Patient Condition

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Constant monitoring and assessing a patient's condition is a crucial responsibility of nursing practice in any clinical setting. In a 2010 Michigan case that settled for \$475,000 before trial, this responsibility is underscored, as the facts clearly supported a possible verdict for the patient's widow had the case gone to trial.¹

The insulin-dependent patient was admitted to the hospital's medical surgical unit after coming to the ED with symptoms related to his diabetes. On the second day of his hospitalization, the patient showed signs of anxiety, confusion, agitation, and his mental state was "altered". The patient's wife tried to inform the nurses that he was getting too much insulin but the nurses did not seem to think the signs were a cause of concern.²

The next day the patient was found "unresponsive" in a hypoglycemic coma. He went into respiratory failure and sustained brain damage. The patient was transferred to another hospital, then went into hospice care and died three months after being admitted to the hospital.³

The patient's widow's suit alleged that the physicians failed to order blood sugar testing, failed to order the monitoring of the patient's food intake, and when he became hypoglycemic, failed to treat his hypoglycemia. Her allegations against the nurses included their failure to develop a care plan for her husband, their failure to monitor the patient for hypoglycemia, their failure to recognize the signs of hypoglycemia displayed the day before he went into the hypoglycemic coma, and their failure to provide the care needed to correct the hypoglycemia he was experiencing.⁴

It is not clear what the nurses were thinking when they did not heed the hypoglycemic signs exhibited by the patient. If nothing else, his behavior was quite different from his conduct prior to the onset of the hypoglycemic event and that alone should have been a clue to assess and monitor him at that time.

Moreover, it appears the nurses did not know the signs and symptoms of hypoglycemia in the diabetic patient. If this was the reason for their inaction, the nursing staff's knowledge base about diabetes was sorely lacking.

This case is an important one because sometimes you might consider patient assessment and monitoring as "routine". Sometimes it is. But, in many instances, your clinical judgment must come into play when there is a patient whose condition requires more frequent assessment and monitoring. ⁶

As you know, you do not need a physician order to do more assessment and monitoring of any patient. Increased and more frequent vigilance of a patient is a nursing judgment that carries with it

a legal and ethical responsibility. Knowledge of the patient's diagnosis and manifestations are essential as well. When in doubt, it is always best to assess and monitor a patient more frequently rather than infrequently, or as this case seems to demonstrate, not at all.

FOOTNOTES

1. Legal Eagle Eye Newsletter for the Nursing Profession (2011), "Diabetic Patient: Coma, Brain Damage, Nurse Faulted", 6. 2. Id. 3. Id. 4. Id. 5. Id. 6. Deanna Reising (2012), "Make Your Nursing Care Malpractice Proof", 7 American Nurse Today. Available at: www.americannursetoday.com/make-your-nursing-care-malpractice-proof/. Accessed August 26, 2014.

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