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Acute Myocardial Infarction, Ischemia: Court Faults Hospital's Emergency Room Nurses.

The thirty-eight year-old patient came to the hospital's emergency room at 3:45 a.m. complaining of a cough and chest pains.

At 3:52 a.m. she was seen by the triage nurse. The nurse made note of the fact she smoked a pack of cigarettes a day, but the nurse failed to note there was a positive family history of coronary artery disease.

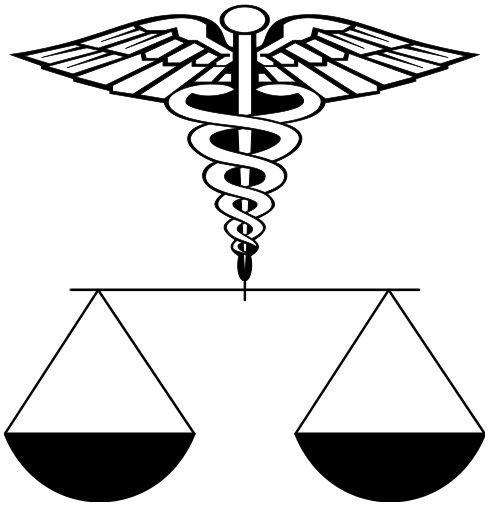
The patient was seen thirty minutes later by a treating nurse who assessed her but did not place her on a cardiac monitor.

The E.R. physician saw her at 5:07 a.m. and ordered an EKG and cardiac enzymes. The EKG, done at 5:26 a.m., was read by the same E.R. physician as "worrisome" just before he turned her care over to the day-shift physician coming on duty.

A nitroglycerine drip was started at 5:40 a.m. By 6:15 a.m. it had reduced the patient's reported chest pain from level eight out of ten to level one of ten.

At 7:00 a.m. the day-shift treating nurse came on duty.

At 7:31 a.m. a second EKG was done. Blood for new lab tests was drawn at 8:40 a.m. The EKG showed marked ST segment elevation in the lateral leads compared to the earlier EKG. The second set of lab tests showed cardiac enzymes markedly elevated.



The standard of care for emergency room nursing is to be able quickly to recognize patients with signs and symptoms of acute myocardial infarction, and to take action.

The medical goal is to administer thrombolytic drugs or perform a coronary angioplasty within sixty minutes to minimize long-term ischemic damage to the heart.

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The patient was sent for a CT scan without a cardiac monitor and without being accompanied by a registered nurse certified in advanced cardiac life support. She vomited twice between 9:10 a.m. and 10:30 a.m. for which she got IV Phenergan with a saline bolus.

A cardiologist happened to be reviewing EKG's in the E.R and at 11:10 a.m. decided he better see this patient. He got her into the cardiac cath lab at 12:05 p.m. for an angiogram which revealed 100% occlusion of the left anterior descending coronary artery.

Even after a balloon angioplasty the patient now has significantly impaired cardiac function and may require a transplant.

Nursing Negligence

The Court of Appeals of Texas started its analysis of the allegations raised in the patient's suit against the hospital and the physicians by looking at the accepted national standard of care for emergency room nurses dealing with patients with signs and symptoms of acute myocardial infarction.

A hospital is required to have a clinical pathway which nurses must be

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trained to follow.

The overriding rationale is for all caregivers involved to recognize the importance of limiting the time the heart muscle is denied adequate oxygen. The phrase "time means muscle" well explains the goal of care for these patients.

A hospital's acute myocardial infarction clinical pathway protocol should only allow a maximum of sixty minutes before the medical decision to administer thrombolytic drugs or to go for a coronary angioplasty, the court said.

The protocol should require an EKG within ten to twenty minutes after a patient arrives in the emergency room with signs and symptoms of a possible acute myocardial infarction.

According to the court, the legal standard of care require emergency-room triage and treatment nurses to be able quickly to recognize possible acute myocardial infarction patients and to ensure there is no delay getting an EKG and initiating physician management of the patient's course of treatment.

Emergency Triage Nurse

The court had no trouble finding fault with the triage nurse in this case for failing to recognize the patient's symptoms of acute myocardial infarction as well as risk factors for coronary artery disease from her history. The court said the triage nurse should have taken her to a cardiac monitor bed and obtained an EKG no later than twenty minutes after her arrival in the emergency department.

Emergency Treating Nurse

The court also had no trouble finding fault with the treating nurses in the emergency room for the significant delays that occurred in getting the EKG, getting the lab results and notifying the physician.

If the triage nurse has dropped the ball in recognizing a possible acute myocardial infarction case, the emergency-room treating nurse must follow through and get an EKG and summon the physician as quickly as possible.

The care a patient receives in a hospital does not occur in a vacuum, but rather is a collaborative effort involving doctors, nurses and other health care providers.

There was at least a seven-hour delay before this patient received cardiology care.

The court believes a delay is a delay. More than one person or department may be responsible.

The patient's nursing expert's opinion pointed to specific errors and omissions by the hospital's nursing staff that breached the legal standard of care for nurses and pointed out how that delayed the patient from receiving necessary cardiology care.

The patient's two medical experts established that the delay which occurred while the patient was sent for unnecessary chest x-rays and a CT scan caused permanent and severe compromise of her cardiac output function with a future heart transplant highly likely.

There is a clear pathophysiologic basis for cause and effect linking the delay in cardiology care and the injuries for which the patient is suing.

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Nurse's Duty To Advocate For Patient

The court accepted the patient's nursing expert's opinion that the nurses in this case failed to carry out their duty to advocate for their patient.

When the patient was not receiving timely attention from the emergency room physician and a cardiologist was not being called in on the case, the nurses had the legal duty to access the nursing chain of command to obtain the appropriate results.

The first step before advocating for a patient, however, is competent ongoing nursing assessment of the true nature of the patient's medical situation.

According to the court, the nurses should have recognized the cardiac significance of the patient's initial reports of pain and the action of nitroglycerine in relieving that pain as indicative of an acute cardiac emergency.

Serial EKG's must be read by the nurse looking for ST segment elevation, according to the court.

A nurse must see to it that cardiac enzymes are ordered and then look at, evaluate and appreciate the significance of the results in terms of the overall goal of reducing ischemia by prompt initiation of thrombolytics or cardiac catheterization.

Expert Witness Reports / Testimony

The court pointed out that complex scenarios like this case can involve allegations of interconnecting nursing and medical negligence.

Expert nursing testimony is needed to set forth the general nursing standard of care and to point out a specific breach or breaches of the nursing standard of care by the nurses in the case. Expert medical testimony is needed on the conduct of the physicians and to show medical cause and effect linking nursing negligence to the harm suffered by the patient.

Each of the expert witnesses' reports or testimony will not necessarily support the patient's whole case. Thus the expert opinions are to be considered not individually but taken together. **Hillcrest Baptist Medical Center v. Wade, __ S.W. 3d __, 2005 WL 1837004 (Tex. App., August 3, 2005).**