

HOSPITAL NEGLIGENCE—WRONGFUL DEATH—IMPROPER DISCHARGE OF POTENTIAL HEART ATTACK PATIENT

\$1,315,000 Verdict

JEFFERSON COUNTY, TEXAS

In this medical malpractice matter, the plaintiff alleged that the defendant hospital's staff was negligent in failing to follow proper cardiac protocol when assessing the decedent who presented with complaints of chest pain and all six cardiac risk factors. She was discharged and died of a heart attack several hours later. The defendant hospital denied that there was any deviation from acceptable standards of care. The hospital argued that the defendants followed the defendant physician's discharge instructions at which time the decedent was not complaining of any chest pain.

The 46-year-old female plaintiff presented to the defendant hospital's emergency room on October 2, 2007 with a chief complaint of chest pain, chest discomfort and tightness. She reported that she felt like someone was sitting on her chest, with pain radiating into her arm. She had unstable vital signs. The triage nurse failed to follow the appropriate protocol, which was to send the patient immediately into the back for an EKG and obtain labs for cardiac markers. The protocol also advised that the patient be assigned a Level 1 triage status.

The triage nurse failed to document her complaint of chest pain, failed to take a complete history (where the plaintiff's decedent demonstrated six out of six cardiac risk factors) and instead assigned the patient a triage level of 3 and sent her back to the waiting room. She was seen by a nurse 40 minutes later. Again, no document of chest pain was recorded. When she was seen by the emergency room physician, he completed a T form for chest pain. His examination was normal except for a finding of prolonged expiration. Two EKG tests were performed on the decedent. One test read normal, the other test read Septal Infarct, age undetermined, abnormal EKG. No chemical markers were performed.

The defendant physician diagnosed the patient with high blood pressure and bronchospasm. The patient was given Captopril 25 mg P.O. inhalation treatment with Albuterol. She was discharged from the emergency room. At approximately 5:00 a.m. on October 3, 2007, EMS was called to the patient's

home and she was transferred back to the defendant hospital after suffering cardiac arrest. The decedent was apneic and pulseless when found by the EMS. Attempts to resuscitate the decedent both by the EMS and at the hospital were unsuccessful. An autopsy disclosed that she died of acute myocardial infarction and severe atherosclerotic disease.

The plaintiff brought suit against the defendant hospital and physician, alleging negligence. The plaintiff alleged that the hospital staff failed to follow its own cardiac protocol, which would have caused the staff to perform testing and take a history that would have changed the diagnosis. Further, the plaintiff alleged that even if the defendant physician attempted discharge, had the proper cardiac protocol been followed, the defendant staff should have questioned the discharge based upon the decedent's risk factors and potential for a heart attack.

The defendant hospital maintained that its nurses followed the doctors discharge instructions and that the patient did not complain of chest pain. The defendant argued that the nurses' conduct did not rise to the level of "willful and wanton" which was the required standard for liability in Texas. The defendant physician settled with the plaintiff prior to trial.

The matter proceeded to trial as to the defendant hospital. The trial lasted eight days and the jury deliberated for eight hours before returning its verdict. The jury found in favor of the plaintiff and against the defendant. The jury awarded the plaintiff the sum of \$1,315,000, which consisted of \$100,000 for decedent's pain and suffering; \$9141 for decedent's medical bills; \$6,135 for decedent's funeral expenses; \$75,000 for mental anguish for the decedent's mother and \$125,000 for the decedent's mother's loss of companionship; \$200,000 for 17-year-old daughters pecuniary losses; \$125,000 for daughters loss of companionship and \$175,000 for daughters mental anguish; \$200,000 for eight-year-old son's pecuniary losses; \$125,000 for son's loss of companionship and \$175,000 for son's mental anguish.

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