

Case Study

Facts of the case: This case involves a 70-year-old woman who developed a post-operative infection following cardiac surgery. She was admitted to the intensive care unit (ICU) and placed on a mechanical ventilator. During the night shift, the patient's blood pressure remained stable but her heart rate continued to increase to over 165 beats per minute. The ICU nurse called the resident physician twice during the night and each time was told to continue monitoring the patient and not to wake him again unless it was an emergency. At 6:00 a.m., the heart rate was over 180 beats per minute. The nurse called the resident physician and was told he would see the patient soon. A half-hour later, the resident physician came to the ICU with the attending physician who angrily shouted, "Why wasn't I notified of this patient's condition sooner?"

The attending physician ordered a fast-acting beta blocker. The nurse quickly administered the medication, and the patient immediately suffered a cardiac arrest. She was successfully resuscitated. The attending physician outwardly blamed the resident physician and the ICU nurse for the adverse event.

After the event, it was discovered that the medication vial required dilution and should not have been present in the ICU. Three months ago, the pharmacy had changed from supplying vials to pre-filled syringes on the nursing units.

What are the communication failures?

What strategies would you suggest to improve communication and patient safety?

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