



# Patient-157

**Patient-157 was transported to Sunrise Hospital from a Long-Term Acute Care facility. The patient was in septic shock and was on three vasopressors. Sunrise Hospital refused to give the patient an arterial line which was indicated in this situation. The patient died.**

Patient-157 was brought to Sunrise Hospital from a Long-Term Acute Care (LTAC) facility. The ER doctor would NOT give her an arterial line, and the patient died.

Her story is told by her daughter.

**I give MINUS 5 stars!!!**

Your Emergency Room (ER) doctor stated, "Arterial lines don't save lives."

(The patient's daughter said that is inaccurate and an arterial line had previously been used for her mother. See the information in the next column for the guidelines for using arterial lines in septic patients.)

My mother was admitted for septic shock (from an LTAC). The LTAC provided a handoff of patient information as she was coming in with low blood pressure and was on 3 vasopressors.

- Vasopressors are medications that constrict blood vessels to raise blood pressure, particularly in critically ill patients experiencing low blood pressure or shock.

Additionally, I called your ER when my mother was being transported to Sunrise Hospital and gave advance notification to your head nurse, Daniel, in the ER, and he noted that my mother was on her way to Sunrise Hospital.

I mentioned that she had a recent history at Sunrise Hospital and that I believe she would require an arterial line -- as this accurate monitoring was previously used and saved her life.

I called Daniel 3 times and spoke to him twice.

**Furthermore, your ER doctor did NOT follow what is critical for sepsis -- that, for adults with septic shock on vasopressors, clinicians should implement the A-line (arterial line) as soon as possible for no-fail accuracy.**

**My mother died 6 hours after she arrived at your ER.**

**This was beyond gross negligence in medical care!!!**

**See you in court for NRS 41.1395, NRS 41.085, NRS 42.005 and NRS 41A.**

### **Guidelines from the Surviving Sepsis Campaign**

For adults with septic shock, we suggest invasive monitoring of arterial blood pressure over noninvasive monitoring (in every patient receiving vasopressors), as soon as practical and if resources are available.

For adults with septic shock on vasopressors, we recommend an initial target mean arterial pressure (MAP) of 65 mm Hg over higher MAP targets.

For adults with possible septic shock or a high likelihood for sepsis, we recommend administering antimicrobials immediately, ideally within 1 hour of recognition.

Source: Surviving Sepsis Campaign [guidelines](#).

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**Just say NO to Sunrise Hospital**

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