

Correctional Nursing: Competent Care Was Provided, Nurse Dismissed From Lawsuit.

The inmate worked at a local hardware store on work-release but still lived in the jail.

After he complained to the jail nurse about nausea, vomiting, diarrhea and weakness he was sent to a nearby university hospital for evaluation. An EGD scope procedure was scheduled for two weeks later.

The nurse in the jail made the arrangements for the inmate to be transported back to the hospital for his procedure. The inmate, however, sent a communication to the jail warden stating that he did not want to have the procedure and would get it done on his own after he was released from the jail several months later.

The nurse explained to the inmate the nature of and reason for the procedure and urged him to follow through with it right away, but the inmate still insisted he did not want it. The nurse had the patient sign a refusal of medical treatment form which expressly released the sheriff's department, the jail and jail personnel from legal liability for his decision to refuse treatment.

Nine days later the patient was back in the infirmary to see the nurse, this time for stomach cramps and vomiting clear liquid.

Seven weeks after that the nurse saw him for chest pains. The nurse got an EKG, drew blood, sent the blood to the hospital lab and had the inmate seen by the physician.

The physician saw him and scheduled a follow-up appointment one month later.

Three weeks later the nurse saw him again. This time the patient reported for the first time that he was experiencing weight loss.

The nurse had him transported to the university hospital where he was diagnosed with colon cancer that by this time had metastasized to other organs. The patient was discharged to hospice care and died three months later.

The US Court of Appeals for the Fifth Circuit (Louisiana) dismissed the family's lawsuit.

The nurse's care was competent in all respects. After the inmate went against the nurse's advice and refused the indicated diagnostic intervention, apparently being afraid he might lose his slot in work-release, the nurse paid due attention to the signs and symptoms he saw and could not have known the patient's condition was actually life threatening. **Bedingfield v. Deen, 2012 WL 3868959 (5th Cir., September 6, 2012).**

Skin Care: Court Says Nurse Is An Expert On The Standard Of Care, Patient's Case Goes Forward.

The sixty-one year-old patient spent more than two months in the hospital recovering from multiple gunshot wounds. He had no less than seventeen open abdominal procedures and other surgeries for his leg wounds.

During his stay areas of skin breakdown started on his back, foot, coccyx, thigh, ankle, elbow and ear and progressed to Stages II and III.

In response to his lawsuit against the hospital alleging nursing negligence the hospital provided the court with an affidavit from a board-certified internist with additional qualifications in geriatrics who reviewed the medical records and concluded that the patient's skin breakdown and the progression of his lesions were inevitable consequences of his critical condition and impaired circulatory and respiratory status.

The lower court was wrong to disregard the patient's nursing expert's testimony.

She is knowledgeable about the standard of care required of nurses and other hospital personnel to try to prevent bedsores from progressing to serious skin lesions as the patient's bedsores apparently did.

Her testimony will assist the jury to reach a fair evaluation of the case.

CALIFORNIA COURT OF APPEAL
September 19, 2012

The California Court of Appeal ruled the case should not have been dismissed solely on the basis of the internist's opinion, without considering the opinion of the patient's expert nurse whose opinion the lower court discounted out of hand because she was a nurse and not a physician.

The patient's nursing expert stated that the progression of the lesions could be demonstrated by photos placed in the chart during his stay, but there were significant gaps in the nursing documentation of formulation of a care plan, review and modification of the nursing care plan and actual nursing interventions being performed. For some of the lesions shown in the photos there was no nursing documentation in the chart of any nursing care being given. **Aguayo v. St Francis Med. Ctr., 2012 WL 4098972 (Cal. App., September 19, 2102).**