

Patient's Fall: Court Finds Grounds For Suit.

When the patient was admitted to the hospital for hypoglycemia he was not able to walk or even answer questions posed to him. The Morse Fall Risk Assessment done on admission concluded he was a high fall risk.

The same day he was admitted he managed to remove his condom catheter, which required an aide to come to the room and remake the bed completely. An hour later he was found on the floor with a fracture of his right tibial plateau.

The hospital asked for dismissal of the family's lawsuit on the grounds there are no recognized standards in the medical community for fall prevention.

The family countered with the written opinion of a registered nurse with forty-five years patient-care experience whom the US District Court for the Western District of Kentucky accepted as an expert.

The aide who remade the bed did replace the condom catheter but apparently neglected to attach it to the tubing to the collection bag and neglected to turn the bed alarm back on. It also would have been appropriate, in light of the patient's high fall risk, for him to have been placed in a room near the nurses station for closer observation. **Milby v. US, 2011 WL 3585632 (W.D.Ky., August 15, 2011).**

Dental Procedure: Nurse Gave Pediatric Patient Fatal Overdose.

The patient, almost two years old, underwent dental surgery at an ambulatory surgical center under general anesthesia.

In the post-surgical recovery area he was prescribed morphine prn for pain. The nurse reportedly gave the child two .5 mg doses.

Six hours later his grandmother found him unresponsive. He was rushed to the hospital by paramedics. After sixteen days in a coma his family agreed to discontinue the respirator and he died.

For a 13 kg pediatric patient the recommended dosage range for morphine would have been .26 mg to .65 mg, far less than the 1 mg that was administered.

COURT OF APPEALS OF TEXAS
August 10, 2011

The Court of Appeals of Texas pointed to the expert opinion of the anesthesiologist retained by the family's lawyers as an expert. He delineated the acceptable pediatric dosages for morphine and stated that the excessive dosage ordered by the dentist and given by the nurse were, more likely than not, the cause of death. **Seastrunk v. Meza, 2011 WL 3502272 (Tex. App., August 10, 2011).**

Home Health: Agency Held Liable For Overdose.

The patient's PCA morphine pump was hooked up by a nurse from the home health agency at 4:00 p.m. the afternoon of her discharge from the hospital following orthopedic surgery. The patient gave herself the maximum boluses right away.

At 6:48 p.m. the patient's mother called the agency to ask when the nurse was coming. She was told someone would be there by 10:00 p.m. At 7:54 p.m. the mother called 911. Paramedics arrived four minutes later and found the patient unresponsive. Narcan was given and she was transported to the hospital, but she nevertheless suffered hypoxic brain injury.

The California Court of Appeal ruled there were grounds for a negligence lawsuit against the home health agency.

The physician's discharge orders specified twice-daily nurse visits for the first seven days. At each visit the nurse was to remain in the home at least thirty minutes, ambulate the patient and check temp, BP, pulse and respirations.

Regardless of the nursing agency's own policies as to whether the orders started the first day and whether the initial hookup counted as a nurse visit, there should have been two more nurse visits on the first day, because the physician's orders said so. If there had been two visits that afternoon and early evening the overdose would have been caught in time, the Court said. **Pritchard v. Coram Healthcare, 2011 WL 3211536 (Cal. App., August 2, 2011).**

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