

Patient's Fall: Jury Says Negligence Was Not Cause Of Patient's Injury.

The eighty-one year-old patient had a long history of falls.

Due to dizziness she went to the hospital where she got a pacemaker, then went home. Due to shortness of breath and weakness she went to the hospital again, then to a skilled nursing facility for physical rehab to gain strength in her legs.

On admission to the skilled nursing facility she was assessed as a high fall risk. The facility is restraint-free. All new patients were required to wear a clip-on alarm for the first 72 hours. She was urged to continue with the alarm, but declined.

Later during her stay she fell in her room while trying to walk to the bathroom. It happened during the p.m.-to-night shift-change nursing report. She was not wearing a clip-on alarm and did not use her call bell to summon assistance, which a CNA verified right afterward was working.

A nurse testified that the facility should have documented the patient's continued refusal to wear a clip-on alarm as her caregivers wanted.

The nurse admitted that that lack of documentation was a breach of the standard of care.

The jury ruled expressly that the facility was negligent but that the facility's negligence was not a causal factor in the patient's fall.

SUPERIOR COURT OF PENNSYLVANIA
February 1, 2016

The Superior Court of Pennsylvania upheld the jury's verdict which found the facility negligent but not legally liable for the patient's fall. ***Sicchitano v. Presbyterian***, 2016 WL 400480 (Penna. Super., February 1, 2016).

Unexplained Fractures: Court Sides With Rehab Facility.

Following a serious rollover motor vehicle accident the patient was hospitalized more than twenty times for abdominal surgeries.

He was admitted to a rehabilitation facility for continued treatment, wound care, colostomy care, total parenteral nutrition and physical rehabilitation.

While in the rehab facility he claimed that two nurses or nurses aides fractured his right hip and left shoulder while transferring him from a cart back to his bed after a dialysis session.

No incident report was prepared and afterward no employee could say they had any knowledge of the incident. His physician was, however, aware of complaints of pain in the left shoulder but not the pain in the patient's hip.

The facility's nursing expert testified from the chart that the facility's nurses consistently monitored the patient for complaints of pain and reported to the physician.

The nurses never ordered x-rays, but that is a medical and not a nursing responsibility.

UNITED STATES DISTRICT COURT
LOUISIANA
February 10, 2016

The US District Court for the Western District of Louisiana accepted expert orthopedic medical testimony that the patient in fact did have fractures to his hip and shoulder, which were basically unavoidable and most likely related to his underlying osteomalacia from short bowel syndrome.

The comprehensive charting of his care contained no evidence of mishandling in a transfer or lapse in nursing assessment or care. ***Rice v. Cornerstone***, 2016 WL 552599 (W.D. La., February 10, 2016).

Vascular Injury: E.R. Nurses Met The Standard Of Care.

After a fall at home the patient presented in a hospital emergency department with a complaint of pain in her left knee.

There were no outward signs of vascular compromise in the left lower extremity, but an x-ray showed a tibial metaphyseal fracture. The leg was splinted and the patient was transferred to another hospital.

On admission her pulses in the leg were within normal limits.

Three hours later a nurse charted that she was able to palpate the left pedal pulse. Although the patient could not move her toes, the nurse found good capillary refill to the toes in the left foot, which were warm to the touch. The patient complained of numbness in her left lower leg and the nurse noted bruising below the left knee.

Significant delay occurred while a CT was ordered, performed and read and the physicians consulted about the case.

During that time a nurse found that the pedal pulses could not be palpated and immediately notified the physician.

Surgery began at 6:00 a.m. and was repeated two days later, but the leg had to be amputated below the knee.

The California Court of Appeal accepted the lower court's ruling that the second hospital's nurses were not at fault.

The Court let the case go ahead against the second hospital for not disclaiming responsibility for the independent contractor physicians correctly under California law. ***Reyes v. Dignity***, 2016 WL 6176410 (Cal. App., February 10, 2016).

The hospital's nurses did everything that was expected by the standard of care by performing correct ongoing physical assessments of the patient and reporting immediately to the physician when the pedal pulses disappeared.

CALIFORNIA COURT OF APPEAL
February 10, 2016