

Fall: Inadequate Assistance To Transfer, Negligence Found.

An obese patient was recuperating in the hospital after right-side total knee replacement surgery.

The first day after surgery she called for assistance to transfer from her recliner chair to the bedside commode.

A lone nurse attempted to help her up with a walker. However, the recliner was not locked and the patient slid down to the floor and twisted her newly-operated right knee.

A Hoyer lift was brought in to get her back into bed and the surgeon was notified.

Four days later she was transferred to a rehab facility and soon was discharged. Two months after that her orthopedist diagnosed a patellar dislocation which he related to the incident in the hospital.

Court Sees Grounds For Negligence Lawsuit

The Court of Appeals of Texas accepted the conclusions of the patient's nursing expert as to the standard of care for a nurse caring for a post total knee replacement patient. Expert medical testimony was necessary beyond that to relate the patient's orthopedic diagnosis months after the fact to the incident in the hospital.

The patient's nursing expert noted the admission care plan called for the patient to be instructed to call for assistance before transferring, which the patient did.

However, the nurse who came to the room should have known that safely moving an obese patient the day after total knee replacement surgery presents special challenges.

She simply could have asked the patient how much assistance had just been needed to move her from her bed to her chair, and would have learned that it took six or seven people. At that point the nurse surely would have known, if she did not know already, that more help was needed.

The nurse was also negligent, the nursing expert said, not to lock the recliner chair so that the patient, regardless of how many people were assisting her, would not have slid down to the floor as she did.

The nurse apparently was unfamiliar with the care of knee replacement surgery patients. **Tenet v. Barajas**, __ S.W. 3d __, 2014 WL 6632974 (Tex. App., November 21, 2014).

Any nursing staff member entering this patient's room should have noticed her size and easily could have asked the patient how much assistance had been provided earlier that day to get her out of bed to the chair.

The patient had been instructed to call for assistance, and she did so.

Earlier when she called for assistance to transfer from her bed to the recliner chair, six or seven people came and helped move her into her chair.

This time only one person responded to the patient's call for assistance, a nurse who was in an advanced stage of pregnancy.

The patient expressly asked the one nurse if more help should be summoned, but the nurse called no one else to the room.

The nursing note for the fall also indicates the recliner chair was not locked, which was another negligent omission by the one nurse who undertook to assist the patient.

A nurse familiar with the safety needs of a total knee replacement surgery patient should have been the one to conduct an assessment of all the factors involved in moving this patient.

COURT OF APPEALS OF TEXAS
November 21, 2014

No Sequential Compression: Nursing Negligence Found.

The patient developed deep vein thromboses in both legs and had to have both legs amputated below the knees ten days after surgery.

The outcome was blamed on the negligent failure of the patient's nurses to place sequential compression devices on both legs as ordered by the patient's surgeon.

The jury's verdict against the hospital was \$650,000.

The patient's nurses negligently failed to carry out the physician's orders.

The patient was diagnosed with DVTs in both legs which his physician expert witness later related to the nurses' negligence.

Nothing in the law requires the patient to prove a negative, that the DVTs had not started and become well established in his legs before this surgery.

DISTRICT OF COLUMBIA
COURT OF APPEALS
November 20, 2014

The District of Columbia Court of Appeals sustained the jury's verdict over the hospital's objection that it was not supported by the evidence and over the patient's own objection that it was too little compensation for his injury.

The trial was a battle of the experts. The hospital's experts claimed there was no proof the DVTs were not established in the legs after a surgery just five days before for which the surgeon that time never ordered sequential compression, instead of after the second surgery five days later for which compression was ordered but never provided. The patient did not have to prove a negative, the Court said. **Providence Hosp. v. Willis**, __ A. 3d __, 2014 WL 6476354 (D.C. App., November 20, 2014).