

## Skin Care (Cont).

*Continued from previous page.*

### **Padding, Turning Not Documented**

The expert said specifically that the facility should have used the very basic but effective nursing intervention of foam padding to protect the patient's heels from pressure.

In addition, once pressure sores began to show there should have been regular assessment and documentation of the progression and staging of the lesions so that it could be determined whether the lesions were getting worse or better.

The patient should have been repositioned every two hours. Repositioning should have been documented.

The nurses should have reported the development and progression of the heel ulcers to the family and the patient's physician so that a decision could be made whether to transfer him to a facility that could offer him more attentive care and better wound management.

Once his leg was amputated due to necrosis and gangrene in the heel ulcer, and his sacral ulcer had significantly worsened, any chance for healing mandated at least 2400 Kcal daily intake. That required encouraging him to eat his meals and snacks, adding nutritional supplements or perhaps even starting a gastrostomal tube. Instead, he was allowed to lapse into a cachectic state and lost significant weight before he passed away. **Baker v. Regency**, 2013 WL 3895438 (Tex. App., July 25, 2013).

## Fall: Would Nursing Interventions Have Prevented The Incident?

***The family's expert witness's report failed to demonstrate how the nursing home's alleged negligence actually caused the fall.***

***Floor mats near the bed cushion a fall when a patient hits the floor, but this patient's death appears to have been caused when the back of his head struck the door to his room.***

***The expert also failed to establish that a nurse would have been able to come to the room in time to keep the patient from falling, after the bed or chair alarm sounded, if there were alarms in use.***

***There is no basis upon which the Court can conclude that the facility's negligence was a substantial factor in bringing about the patient's death, which is a requirement for imposing legal liability on the defendant in a civil lawsuit.***

COURT OF APPEALS OF TEXAS  
August 7, 2013

The elderly nursing home patient suffered from senile dementia and required significant assistance with his daily activities.

A bedside urinal was provided after he fell in his bathroom and contused his chest and scalp and was found on the floor again soon afterward. Then the physician ordered bed and chair alarms after the patient became weak, lost his balance, fell and struck the back of his head on the door and a few hours later fell again in the bathroom and the next day was found on the floor.

The patient passed away from a subdural hematoma a few days after striking his head on the door when he fell.

The family sued the nursing home. The family's lawyers filed a physician's expert report with the lawsuit reciting generic allegations that the nursing home violated the standard of care for fall prevention by neglecting to assess the patient's potential for injury from falls and by neglecting to provide standard nursing interventions of lowering the bed, putting soft floor mats around the bed and implementing bed and chair alarms sooner.

The Court of Appeals of Texas accepted the physician's expertise when it came to iterating standard general nursing interventions for fall prevention.

However, the expert failed to detail just how lowering the bed, placing soft mats on the floor near the bed and starting bed and chair alarms would have prevented the specific fatal injury to this patient. That failure by their expert was fatal to the family's legal case. **Heritage v. Fitzgerald**, 2013 WL 4011090 (Tex. App., August 7, 2013).

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