LEGAL EAGLE EYE NEWSLETTER
For the Nursing Profession

Psych: No Fall-Risk Assessment Done, Negligence Found.

The day before she fell and fractured her right tibia and fibula the fifty-seven year-old patient was involuntarily admitted to the hospital's psychiatric unit for suicidal ideation. She had been in the same hospital several times over the previous few months for the same reason.

Psychiatric Admission
No Fall-Risk Nursing Assessment

The fall-risk portion of the admission nursing assessment form was crossed out with the letters "N.A." signifying that the nurse believed that risk assessment and fall precautions are not included in psychiatric care. The same nurse's admitting progress notes pointed to unsteady gait, muscle weakness, confused mental state and poor judgment.

The patient reportedly awoke, rang for help to the restroom, got no response and got up on her own. The jury in the Supreme Court, Richmond County, New York awarded her $598,000. **Cifelli v. St. Vincent's, 2008 WL 4093163 (Sup. Ct. Richmond Co., New York, July 17, 2008).**

Neonatal Intensive Care: Nurses Faulted For Delay In Transfer.

An infant born at the hospital in the early morning hours immediately showed signs of respiratory distress.

At 3:45 a.m. the physician consulted by phone with the nearby university hospital's neonatal ICU regarding the infant's status. Personnel in the ICU said that unless they heard back otherwise they would wait to dispatch a transport team until the team came to work at their regular start time, 7:30 a.m.

The transport team got to the first hospital at 8:50 a.m. By they time they got the infant to intensive care at the university hospital permanent brain damage had already set in.

The Superior Court of Connecticut found grounds to implicate the first hospital's nurses along with the physician for negligence for failing to see the dire need and for failing to advocate for immediate transport. **Nelson v. Dettmer, 2008 WL 3916245 (Conn. Super., July 30, 2008).**

Smoking: Unattended Patient Dies From Burns, Lawsuit Focuses On Patient Safety Assessment.

The elderly stroke patient had been admitted to the nursing facility for respite care for two weeks twice each year for thirteen years, then on a permanent basis after his wife could no longer care for him at home.

An aide left him alone in the smoking room. When the aide looked in again minutes later the patient was fully engulfed in flames. He was extinguished but died within minutes.

The US District Court for the District of Columbia ruled it was a question for the jury to decide if this patient was properly assessed and should or should not have been allowed to smoke.

The family's nursing expert was prepared to interpret Joint Commission standards and other survey-research studies to require assessment of the patient's mental acuity, physical limitations and equipment issues in determining whether the patient should be allowed to smoke at all and whether stand-by supervision is more appropriate than full independence.

The facility's medical director was ready to point out that the patient had full use of his right hand and arm and had conscientiously followed the rules more than a year for smoking only in the designated area, although he did have little use of his left arm and hand, had a history of seizures and had mild cognitive impairments. He was not considered a high-risk smoker as he knew the smoking rules and was thought to be able to self-manage in the event of a fire. **Sanders v. US, __ F. Supp. 2d __, 2008 WL 3903458 (D.D.C., August 26, 2008).**

There is a national consensus that patients who are going to smoke must be assessed for their ability to smoke safely.

This patient had little use of his left hand, was prone to seizures and was cognitively impaired.

However, he did have full use of his right hand and arm and had been consistently following the rules.

UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA
August 26, 2008