# Fall Risk Assessment: Nurse Violated Standard Of Care, But That Did Not Cause The Patient's Fall.

After a delusional episode fighting with non-existent beings while at the doctor's office the patient was admitted to a state mental health facility.

His admitting medical diagnosis was vascular dementia with delusions accompanied by agitation, hallucinations, short-term memory loss and disorientation.

The nursing admission assessment, required to be finished within the first 24 hours was finished within 12 hours of admission. It included a fall-risk evaluation. Any one of ten listed factors would require the patient to be placed on fall-risk observation, the chart to be flagged for fall risk and the physician to be contacted for further instructions as to fall precautions.

**Fall Risk Assessment**

The factors for the nurse to look for were orthostatic hypotension, unsteady or shuffling gait, a fall during the previous three months, two or more falls during a seven-day period, impaired vision or hearing, use of a wheelchair or assistive device, impaired cognition (confused, resistive, disoriented), incontinent or needing assistance with toileting or a language barrier.

The nurse checked "No" on all of the fall-risk-assessment items but in another area of the assessment form noted that the patient was confused and had poor balance.

The patient fell in the hallway. He was taken to the hospital for observation, then returned to the mental health facility.

In support of the patient's claim against the State of Tennessee his nursing experts testified the nurse's admission assessment was substandard. The nurse failed to identify the patient's fall risk.

Then the nurses also neglected to do ongoing reassessment of his fall risk on a per-shift or at least daily basis after the patient was admitted, until after he fell.

However, a nursing expert testifying for the State pointed out that he would still have been allowed to ambulate *ad lib* on the unit even if he was on fall observation and that no amount of observation could have ensured that he would not fall. The Court of Appeals of Tennessee ruled the State was not liable. **Brown v. State, 2010 WL 5140597 (Tenn. App., December 15, 2010).**

***Failing to place this patient on fall-risk observation violated the standard of care.***

***The fall-risk assessment should have been properly completed upon admission.***

***A second fall-risk assessment should have been done after the patient's medication was changed.***

***That is, he was put on Ativan, which can cause sedation and difficulty with balance and confusion.***

***The patient's periodontal disease was causing him pain. Pain can cause agitation which can affect the patient's judgment.***

***However, even if he had been placed on fall precautions the patient would have been allowed to ambulate in the hallway without assistance.***

***In this case the evidence is not conclusive that the nurse's failure to complete the initial fall-risk assessment, as the standard of care required, was a substantial factor in causing the patient's fall.***

***In a professional negligence case the injured patient must prove there was a violation of the standard of care in his treatment, and that the violation was the cause of his injuries.***

COURT OF APPEALS OF TENNESSEE
December 15, 2010