

Labor & Delivery: Judgment Entered For Post-Partum Patient's Fall In Hospital Room.

The patient fell and sustained severe comminuted displaced fractures of her left tibia and fibula as she attempted to get out of bed for the first time six and one-half hours after induction of epidural anesthesia for childbirth.

The Court of Appeal of Louisiana approved a judgment in her favor from the hospital for damages for pain and suffering, medical expenses and lost income, based on the negligence of the labor and delivery nurse assigned to her care.

Facts of the Case

Epidural anesthesia was started at 8:15 a.m. and continued until the baby was delivered at 11:20 a.m.

The labor and delivery nurse who had been with her during the delivery continued to care for her afterward. At 2:45 p.m. the patient told the nurse the numbness and tingling had worn off that she had been having in her legs. The nurse suggested she might enjoy a bath in the whirlpool tub in the labor and delivery suite's bathroom.

The nurse lowered the bed rail to make it easier for the nurse to remove the patient's IV and Foley catheter and to make it possible for the patient to get out of bed. The nurse then went into the bathroom to start the water in the whirlpool bath tub and to empty the contents of the Foley bag.

While the nurse was in the bathroom the patient appeared in the doorway with her mother at her side holding her arm. The patient tried to take one more step forward, fell and broke her leg. She had orthopedic surgery later that evening to put metal rods and pins in her leg and another surgery a year later for scar revision.

Physicians' Testimony

The testimony of two physicians and a nursing expert witness focused on the need for a nurse to evaluate the patient's ability to ambulate safely before removing the Foley catheter, which made it possible for the patient to ambulate.

One physician testified there was no reason to lower the bed rail in order to remove the Foley. It was negligent for the nurse then to leave the bed rail down and leave the patient unattended while the nurse went into the bathroom.

The patient's nursing expert testified that the primary source for the nursing standard of care in labor and delivery is the Association of Women's Health Obstetric and Neonatal Nursing.

Its publications advise nurses in general terms that they are to make sure the epidural has worn off sufficiently before allowing a post-delivery patient to ambulate, and the nurse is to assist the patient the first time she is up following an epidural.

However, the Association's literature does not provide step-by-step instructions for this.

Publications in the anesthesia field specify the use of a modified Bromage Score. Although nurses may not refer to it by that name, it contains the steps nurses should take to assess the degree to which a motor block has worn off with a patient.

The nurse in this case deviated from the standard of care by permitting a trial of unassisted ambulation without an evaluation of motor function.

The nurse's assessment of return of sensory function was not enough.

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When the patient appeared in the bathroom door, it was negligent for the nurse not to stop immediately what she was doing and go to the mother's side, the physician went on to say.

Another physician testified that after epidural or other anesthesia, a neuromuscular evaluation is required before the patient can be allowed to bear weight. In this situation the nurse is the person primarily responsible for the patient's safety.

After the bed rail was lowered by the nurse and the Foley removed, the nurse rotated the patient and sat her up in bed so that her legs were dangling over the side. The nurse should have anticipated the patient would try to get up on her own, being left in that position being a signal from the nurse it was all right to do that, even if the nurse verbally told her just to sit and wait.

Nursing Expert's Testimony

The patient's nursing expert testified a motor-function assessment was needed before allowing the patient to ambulate for the first time after an epidural, even if the sensory assessment indicated the anesthesia seemed to have worn off.

Nursing documentation in the chart was essential of the steps taken to assess return of motor function.

The expert stated the nursing literature does not provide step-by-step guidance for assessment of return of motor function, but pointed instead to the Bromage Score used by anesthesia providers. It involves checking how well the patient, still lying in bed, can freely and strongly flex, extend and move the lower extremities.

It was negligent to remove the Foley catheter in anticipation of imminent ambulation before assessing that safe ambulation was possible.

This 220 lb patient was too big to be safely assisted, if the patient had actually been assisted, by this 107 lb nurse. Another caregiver's help should have been obtained to assist with ambulation, the nursing expert continued.

This nurse could not by herself help this patient safely to the floor even if the nurse had been close at hand when the patient took her first steps. ***Ayami v. St. Tammany Parish Hosp.***, __ So. 3d __, 2014 WL 1820250 (La. App., May 7, 2014).