

Post-Surgical Infection: Court Faults Discharge Instructions.

The seventy-five year-old patient sustained a tibial plateau fracture in a fall at home.

Surgical repair at the hospital involved implanting an external fixation device with orthopedic pin hardware protruding from the skin.

The patient was transferred from the hospital to a skilled nursing facility. Ten days later, back to the hospital for a scheduled follow-up appointment, acute osteomyelitis was found to have set in, requiring a lengthy re-admission to the hospital, two surgical debridements, amputation and yet another debridement.

Patient Teaching / Discharge Instructions

Must Be Adequate to Protect Patient From Inadequate Post-Op Care

The judge in the US District Court for the Southern District of Illinois stated for the record the orthopedic surgery was done expertly.

There was also nothing wrong with the pin-site care provided in the hospital by the nurses and P.A.'s.

Different personnel had their own methods, involving sterile gauze pads or Q-tips, soapy water, sterile saline or peroxide. There are many acceptable ways to clean surgical pin sites, the court said, but that was not the point.

The point in this case was the patient himself was never taught or given discharge instruction on proper pin-site care.

Staff at the skilled nursing facility where he was going for rehab, not the patient himself, were going to provide the actual hands-on care.

Nevertheless, according to the court, the patient himself needed to be taught the basics of what needed to be done and how important it was to his wellbeing. He himself needed to be aware whether the licensed and non-licensed staff at the rehab facility were doing their jobs right.

He also had to be taught what to do if his needs were not being met, that is, to get back in touch with the hospital so that proper post-op care could be resumed, the court said. **Grizzell v. US**, 2009 WL 792597 (S.D. Ill., March 24, 2009).

The legal standard of care for pin-site management following orthopedic surgery is not the issue in this case.

Any caregiver would agree that a surgical wound, particularly an orthopedic pin site, must be kept clean to prevent infection. Basic cleanliness is the goal and there are many acceptable methods to accomplish it.

The real legal issue in this case is the patient teaching that should have been given to the patient.

Was the patient teaching adequate for the patient to protect himself if his post-discharge care proved to be inadequate?

Even if he is going to skilled nursing, the patient must be taught how the pin sites must be cleaned daily to prevent infection, the signs of infection he should watch for and what to do for an infection.

This patient was medicated on Vicodin for the ride to the skilled nursing facility and the discharge papers were handed to the attendant who was going to transport him.

Ten days later he came back to the hospital with a raging post-op infection.

UNITED STATES DISTRICT COURT
ILLINOIS
March 24, 2009