LEGAL EAGLE EYE NEWSLETTER

For the Nursing Profession

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Pressure Sores: Court Upholds Judgment Awarded To Post-Surgery Hospital Patient.

After bilateral knee-replacement surgery the physician ordered the patient's legs placed in continuous passive motion machines.

After two days on a post-surgery unit the patient started to have medical complications which sent him to the ICU.

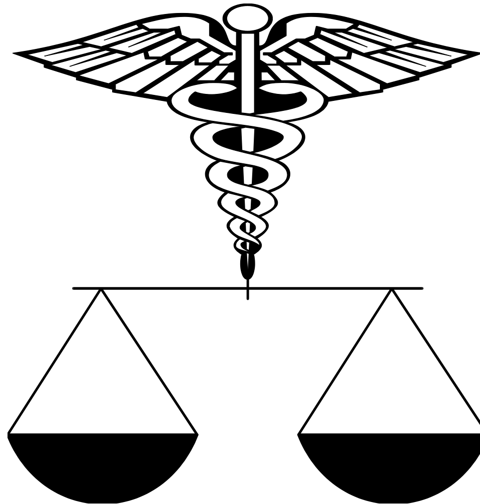
When he got to the ICU multiple pressure ulcers were discovered on his sacrum and on the back of his head. After more than a week in the hospital, however, the pressure ulcers healed.

The Court of Appeal of Louisiana approved an award of $35,000 as damages for the patient from the hospital for nursing negligence.

Departures From Nursing Standard of Care

The Court accepted that the nurses on the post-surgery unit were justified not to follow the hospital's standing protocols for patients at risk for breakdown of skin integrity which called for repositioning at least every two hours, due to the fact the patient's surgeon had ordered continuous passive motion.

However, the Court could find no excuse that a pressure-relieving mattress also ordered by the surgeon due to his high risk for skin breakdown was not obtained for more than forty-eight hours, even with signs of skin breakdown that should have been noticed.



Even if the nurses could not disregard the physician's orders to leave the patient in the continuous passive motion machines, they should have assessed his risk for skin breakdown.

During the first two days there was no nursing care plan for skin assessment even though his declining medical status put him at high risk.

COURT OF APPEAL OF LOUISIANA
November 2, 2012

Lack of Nursing Documentation Skin Integrity Assessments

The patient's nursing expert pointed out that the hospital had a Pressure Ulcer Prevention Program section in its Patient Care Manual which provided comprehensive procedures for skin assessment and treatment.

All patients were to be evaluated for ongoing risk factors by an RN on admission and every forty-eight hours afterward. Patients were also to be reevaluated after any transfer or change in health status.

Individuals at risk were to have a systematic skin inspection at least once daily paying particular attention to the bony prominences. The results of the skin inspection were to be documented.

The chart did contain an initial Braden Scale assessment which was apparently erroneous because it indicated he was not at risk. There was no further charting regarding his skin while he was on the post-surgical floor, not until he was moved to the ICU.

In the ICU the charting pertaining to the patient's skin was irregular. There was no nursing care plan for regular skin assessments or documentation that regular skin assessments were carried out by the nurses. **Guardia v. Lakeview Reg. Med. Ctr., 2012 WL 5381494 (La. App., November 2, 2012).**

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