

Operating Room: Repositioning Seen As A Nursing Responsibility.

The patient was a 400 pound former professional football player with a muscular build who was positioned face-down on a Jackson table for a neurosurgical procedure that lasted more than ten hours, longer than expected.

The initial positioning and padding were done under directions from the neurosurgeon.

After the procedure the patient had pressure sores on his chest and brachial plexus atrophy palsy, a nerve injury which has rendered him permanently disabled with atrophy of his arms and little or no use of some of his fingers.

Seeing that the patient's pressure points are checked and the body repositioned every two to six hours to prevent pressure sores and to allow circulation was the responsibility of the nurses and the anesthesiologist.

COURT OF APPEALS OF TEXAS
June 9, 2011

The Court of Appeals of Texas upheld the jury's verdict of more than \$900,000 for the patient which assigned blame 60% to the anesthesiologist and 40% to the nurses. The jury absolved the neurosurgeon from fault for the way the patient was positioned and padded at the start.

According to the Court, use of the table that was used in this face-down procedure causes pressure points on the chest and hips.

During a lengthy procedure it is wrong merely to allow pressure lesions to develop and try to treat them later. The nurses have to be aware that prolonged pressure can lead to compromised circulation and nerve damage and see that the patient is checked and repositioned. **Christus Health v. Harlien**, 2011 WL 2394614 (Tex. App., June 9, 2011).