

LEGAL EAGLE EYE NEWSLETTER

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Skin Lesions: Court Finds Nursing Care Was Appropriate In All Respects, Suit Dismissed.

After a careful review of the full gamut of legal rights guaranteed to nursing facility residents by Federal and state law, the Supreme Court, Kings County, New York ruled that the resident's nursing care was entirely appropriate and was fully documented.

Resident's Medical History

The ninety-one year-old man was admitted for rehab after lower-extremity vascular bypass surgery necessitated by gangrene in his left foot. He weighed only 71 lbs. at the time.

He had multiple gangrenous Stage IV ulcers on his left foot whose size and position were carefully documented on admission, and a Stage II sacral ulcer.

The admitting orders called for the nurses to clean the foot ulcers and apply wet-to-dry dressings and to wash the sacral ulcer with saline and apply Silvadene and a dry dressing q shift. Tylenol q 4 hours prn for pain was ordered along with antibiotics and medication for chronic heart failure.

Nursing Care

The nursing progress notes revealed that on average four times per day during his stay the ulcers on the left foot were cleaned and the wet-to-dry dressings were changed and the sacral ulcer was washed with saline, Silvadene was applied and the dressing was changed, as per the physician's orders.



Nursing facilities must ensure that a resident who already has pressure sores on admission receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

Care and services must be provided to maintain the highest practicable level of physical and mental wellbeing.

SUPREME COURT
KINGS COUNTY, NEW YORK
September 14, 2011

When a suspicious odor was detected from the left foot the patient's attending physician was contacted and came in the next day.

The attending physician wanted a vascular surgery consult as well as a consult with a physiatrist, both of which the nurses arranged.

Despite the nurses' best efforts the patient's condition began to deteriorate. The nurses followed the physician's new orders for more potent pain medication to precede each q shift dressing change by thirty minutes.

Still the patient's status went downhill and he became lethargic and disoriented. When rapid respirations pointed to possible respiratory distress he was sent back to the hospital.

At the hospital his skin lesions and the necrosis of his left foot were assessed and documented as basically as far advanced as they had been on admission to the nursing facility almost a month earlier. Blood lab work indicated widespread systemic infection.

The family declined everything beyond O₂ and palliative care and the patient passed away in the hospital from cardiopulmonary arrest related to chronic obstructive pulmonary disease.

Butler v. Shorefront Jewish Geriatric Ctr.,
N.Y.S.2d ***2011 WL 4346573*** (N.Y. Sup., September 14, 2011).

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