

# Decubitus: Court Endorses Nursing Expert's Statement Of The Standard Of Care.

After she passed, the elderly patient's probate estate sued the hospital where she was treated for a spinal infarct and the nursing home where she went later.

The estate's lawsuit focused on the alleged inadequacy of the patient's skin assessments and care leading to a Stage II and later Stage IV sacral decubitus and a second lesion on her right heel.

As a first line of defense the hospital's and nursing home's lawyers argued the technical point that the estate's nursing and medical experts' preliminary reports did not correctly state the standard of care for the patient's nurses in the hospital and nursing home settings. The Court of Appeals of Texas disagreed and has allowed the estate's lawsuit to remain pending.

## **Skin Care - Hospital Setting Standard of Care**

The standard of care requires the hospital and its nursing staff to provide the necessary care and treatment to prevent the development of pressure ulcers.

The standard of care requires that there be a regular documented scheduled turning and repositioning program for the patient. Every two hours the patient should be turned and each and every turn documented and the position in which the patient was placed should be noted.

## **Standard of Care Not Followed**

There was no regularly scheduled documented repositioning schedule in the patient's medical records.

Only occasional or periodic notations that the patient was turned and repositioned could be gleaned from the chart.

Multiple entries were found in the chart that the patient was being encouraged to stay off her back, but were a similar number of notations that the patient was almost always found lying flat on her back.

The patient was taught how to position herself to decrease pressure on her back but, again, there were multiple notations that the patient was forgetting to roll on her side as she was taught. To expect a patient who is confused to remember to roll on her sides is unrealistic and below the standard of care, the family's experts said.

This patient, in fact, was basically paraplegic from her spinal infarct and was not able to use her legs and could not reposition herself even if she had the presence of mind to try to do so.

Since the patient was almost always ending up flat on her back, wedges, pillows and other methods were appropriate to maintain her in one or the other side-lying position to relieve the pressure on her sacral area.

The patient's nurses also were faulted for the fact that pain control was not being addressed during the dressing changes for her wound which was being managed by the hospital's physical therapy department.

## **Skin Care - Nursing Home Setting Standard of Care**

First off, a nursing facility should not accept a patient if the facility is not able to meet the patient's needs for skin care, dietary management, medical management and pain control. A patient with a Stage IV lesion who is forgetful needs a high level of assistance with nutrition, hydration and mobility in addition to care focused directly on her skin condition.

## **Standard of Care Not Followed**

Records from the nursing home contained only six total entries of the patient being turned and repositioned over a twenty-two day period, and those reportedly were noted to be "for comfort" despite the patient's ongoing need for such care every two hours for pressure relief.

As in the hospital, the nursing home nurses also did not pay attention to the patient's need for pain control in connection with her dressing changes and physical therapy sessions.

Pain control should have been planned in advance and routinely provided.

## **Wrongful Death Allegations Thrown Out**

Although the patient suffered greatly during her last days, the Court was not convinced her death was itself caused by the skin lesions. The Court dismissed that facet of the estate's lawsuit. **Christus Spohn v. Lackey**, 2010 WL 3279706 (Tex. App., August 19, 2010).