

# LEGAL EAGLE EYE NEWSLETTER

July 2015

*For the Nursing Profession*

Volume 23 Number 7

## Patient's Fall: Court Sees Evidence Of Faulty Nursing Assessment Of Patient's Injuries.

The sixty-nine year-old patient was admitted to a medical facility for rehabilitation after back surgery.

Her admission assessment pointed to a high fall risk based on a history of multiple falls, chair-bound status, poor vision and her current medications.

Two-person assists with transfers and extensive assistance with activities of daily living were required.

She was considered to have good potential for physical rehabilitation even with her limitations.

Deep vein thromboses in her legs were a major concern. Her physician ordered bed rest, Coumadin and Lovenox and INR and prothrombin time checked twice weekly, which was not done after two initial readings.

Her prothrombin time was more than twice the higher value of the normal range three days before she fell.

The day she fell the patient was found sitting on the floor next to her bed. A nurse noted that she had tried to get back into bed by herself but was unable. The physician was notified. X-rays showed no fractures.

The next day the nurses noted there were no injuries from the fall except purple bruising on her right buttock.

The day after that the patient was pale and her breathing was labored. She was sent to an acute care hospital.



***The purple bruising to the right buttock after the patient fell should have alerted her nurses that this patient on anticoagulant therapy was at risk for internal bleeding from blunt-force trauma in her fall.***

***The nurses should have frequently monitored her vital signs, watched for signs of hemorrhagic shock and alerted her physician in time.***

COURT OF APPEALS OF TEXAS  
June 12, 2015

The patient died the next day. The autopsy revealed retroperitoneal hemorrhage and multiple organ failure. The cause of death was blunt force trauma associated with Coumadin therapy.

### **Court Accepts**

#### **Family's Expert's Opinions**

The Court of Appeals of Texas accepted the opinions of the patient's family's physician expert witness.

The expert's principal focus was on the nurses' faulty assessment of the patient's condition after she fell. The expert made only passing reference to allegedly inadequate fall-risk assessment and precautions.

According to the expert, the nurses should have realized that a patient on anticoagulant therapy is at risk for internal retroperitoneal bleeding after blunt force trauma to the lower back.

The patient's vital signs should have been frequently monitored for signs of shock from internal bleeding.

The nurses should have realized that a rapid pulse, labored breathing, mental confusion and increased pain are potential signs of hemorrhagic shock and alerted the physician so that transfusions to reverse anticoagulation, IV diuretics to save the kidneys and intubation could have started sooner. **Nexion v. Townsend**, 2015 WL 3646773 (Tex. App., June 12, 2015).

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