Patient's Fall: Before And After Nursing Assessments Ruled Inadequate, Verdict Given To Patient's Family.

The elderly patient was admitted to a nursing facility for physical therapy and rehab after hospitalization for injuries from a fall at home.

The patient was in a state of general physical decline. He suffered from generalized weakness, had problems with his gait and had difficulty standing without assistance. He needed help with most of his activities of daily living including bathing, showering, eating and transferring.

He was found on the floor near his bed shortly before midnight his fifth day in the facility. He had broken his hip in the fall.

Almost two years later, after the patient had passed, his family sued the nursing facility for negligence. The Court of Appeals of Mississippi upheld a jury verdict of \$25,000 against the facility in favor of the family.

Family's Nursing Expert Faults Nursing Assessments

A nursing assessment and care plan were generated for the patient the day he was admitted to the facility.

However, in the opinion of the family's nursing expert, the assessment and care plan failed to address adequately his high risk of falling. In fact, there was no express mention of fall risk in the paperwork that was generated for the patient's chart at the time of admission.

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E. Kenneth Snyder, BSN, RN, JD Editor/Publisher PO Box 4592 Seattle, WA 98194–0592 Phone (206) 440-5860 Fax (206) 440-5862 kensnyder@nursinglaw.com www.nursinglaw.com Fall risk is an essential element of nursing assessment at the time of admission to a nursing facility.

Confusion, incontinence, gait and balance problems, hypertension and medication side effects are factors pointing to high fall-risk.

Fall risk mitigation can include bed and chair alarms, padding on the floor near the bed and a consistent toileting routine to minimize the patient's need to get up on his own without assistance.

If a patient does fall, a thorough nursing assessment must be done to evaluate fully the extent of injury so that appropriate medical care can be obtained in a timely fashion.

Failure to assess and care for a high-fall-risk individual before and after a fall is grounds for a nursing negligence lawsuit.

COURT OF APPEALS OF MISSISSIPPI February 21, 2012 The admission nursing assessment should have identified the patient's confusion, incontinence, troubles with gait and balance, hypertension and the side effects of his medications as factors pointing to a high fall-risk.

Failure to assess and plan for fall risk is a deviation from the nursing standard of care and grounds for allegations of negligence in a civil lawsuit after the fact when a patient has fallen and been injured.

Family's Nursing Expert Faults Nursing Care Plan

The care plan should have included bed and chair alarms to alert the nurses when the patient was attempting to rise and padding on the floor near the bed to soften the impact from a fall that might occur. The patient should have been on a toileting schedule involving routine assistance to the bathroom to minimize his need to get up on his own when staff were not in the room to assist him. He should have been checked on frequently.

Family's Nursing Expert Faults Post-Incident Nursing Assessment

After he fell the patient should have been given a head-to-toe exam which should have focused on the hips, rolled from side to side to check the hip alignment and given frequent follow-up neuro checks, the expert said.

The hip fracture was not detected until his physical therapy session the next day. Had it been detected earlier, in the expert's opinion, the damage could have been lessened and the outcome improved. <u>McComb</u> <u>Nursing Ctr. v. Lee</u>, <u>So. 3d</u> <u>_, 2012 WL</u> 540577 (Miss. App., February 21, 2012).

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