

Patient's Fall: Court Sees Negligence.

The patient was admitted to a residential nursing home that provides long-term care to cognitively impaired individuals.

He had been in a group home for the disabled, but that ended after he was found wandering the streets and had to be hospitalized.

His admission nursing assessment at the nursing home disclosed that he suffered from an impaired level of consciousness, impaired balance, schizophrenia and seizures and had a history of wandering.

The physician's medical assessment indicated the patient needed long-term residential nursing home care in a setting with close supervision and assistance with activities of daily living.

His daily medications included phenobarbital, Seroquel, Depakote, Haldol, Ativan and Zoloft.

During his first six weeks in the facility there numerous progress notes documenting his habit of wandering inside the building seeking exits from the building.

About six weeks after admission he was found outside the building having fallen with lacerations and bruises on the side of his head. He was taken to a hospital and returned the next day.

Apparently he had been up all night the night before walking around from room to room looking for a way out.

Bruises, lacerations, blunt head trauma and death are all reasonably foreseeable consequences when a cognitively impaired patient on multiple synergistic mind-altering medications with a history of falling is not closely supervised.

The patient's family's nursing and medical experts pointed to the fact the patient had had a potentially catastrophic fall after managing to get outside the facility just days before the fall which took his life, followed by no review and modification of the care plan to reflect that his fall risk had become critical.

For weeks the patient had been wandering the facility repeatedly, pushing key pads and looking for a means of egress.

His caregivers should have known he required a very high level of close personal supervision.

COURT OF APPEALS OF TEXAS
March 29, 2016

Six days later he was again seen wandering about inside the facility pushing key pads. Later that same afternoon he was found in a corridor near an exit door lying on his back bleeding profusely from a wound on the back of his head.

He was transported to the hospital where he died from blunt head trauma.

Court Sees Negligence

The Court of Appeals of Texas accepted the family's nursing and medical experts' opinions blaming the facility for negligence which caused the fatal fall.

Both experts pointed to the first fall as an indication for mandatory review and modification of the care plan to reflect that the patient's fall risk potential had risen from very high to critical.

Also relevant were the facts that the patient was on powerful psychotropic medications which had a synergistic effect that altered his consciousness and thinking processes and apart from the first fall had amply demonstrated a propensity for wandering and attempting to elope from the facility.

Nevertheless, the facility which specialized in care tailored to the needs of cognitively impaired individuals did not provide him with the close supervision which staff should have known was necessary for his personal safety.

As a legal formality, it was necessary for the family, as they did in this case, to bring in a medical as opposed to a nursing expert to testify as to the causal relationship between lack of proper fall precautions, a fall, a closed head injury and the patient's untimely death. ***Nexion v. Moreno***, 2016 WL 1377899 (Tex. App., March 29, 2016).

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