Patient's Fall: **Court Finds Grounds For Suit.**

X hen the patient was admitted to the hospital for hypoglycemia he was not able to walk or even answer questions \mathbf{T} he patient, almost two years old, unposed to him. The Morse Fall Risk Aswas a high fall risk.

The same day he was admitted he managed to remove his condom catheter, was prescribed morphine prn for pain. The self the maximum boluses right away. which required an aide to come to the room and remake the bed completely. An doses. hour later he was found on the floor with a fracture of his right tibial plateau.

no recognized standards in the medical the respirator and he died. community for fall prevention.

The family countered with the written opinion of a registered nurse with fortyfive years patient-care experience whom the US District Court for the Western District of Kentucky accepted as an expert.

The aide who remade the bed did replace the condom catheter but apparently neglected to attach it to the tubing to the collection bag and neglected to turn the bed alarm back on. It also would have been appropriate, in light of the patient's high fall risk, for him to have been placed observation. Milby v. US, 2011 WL 3585632 (W.D.Ky., August 15, 2011).

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Dental Procedure: Nurse Gave **Pediatric Patient** Fatal Overdose.

derwent dental surgery at an ambulasia

nurse reportedly gave the child two .5 mg

him unresponsive. He was rushed to the be there by 10:00 p.m. At 7:54 p.m. the family's lawsuit on the grounds there are in a coma his family agreed to discontinue minutes later and found the patient unre-

> For a 13 kg pediatric patient the recommended dosage range for morphine would have been .26 mg to .65 mg, far less than the 1 mg that was administered. COURT OF APPEALS OF TEXAS

August 10, 2011

in a room near the nurses station for closer pointed to the expert opinion of the anes- started the first day and whether the initial thesiologist retained by the family's law- hookup counted as a nurse visit, there yers as an expert. He delineated the ac- should have been two more nurse visits on ceptable pediatric dosages for morphine the first day, because the physician's orand stated than the excessive dosage or- ders said so. If there had been two visits dered by the dentist and given by the nurse that afternoon and early evening the overwere, more likely than not, the cause of dose would have been caught in time, the death. Seastrunk v. Meza, 2011 WL 3502272 Court said. Pritchard v. Coram Healthcare, (Tex. App., August 10, 2011).

Home Health: **Agency Held** Liable For Overdose.

he patient's PCA morphine pump was hooked up by a nurse from the home sessment done on admission concluded he tory surgical center under general anesthe- health agency at 4:00 p.m. the afternoon of her discharge from the hospital following In the post-surgical recovery area he orthopedic surgery. The patient gave her-

At 6:48 p.m. the patient's mother called the agency to ask when the nurse Six hours later his grandmother found was coming. She was told someone would The hospital asked for dismissal of the hospital by paramedics. After sixteen days mother called 911. Paramedics arrived four sponsive. Narcan was given and she was transported to the hospital, but she nevertheless suffered hypoxic brain injury.

The California Court of Appeal ruled there were grounds for a negligence lawsuit against the home health agency.

The physician's discharge orders specified twice-daily nurse visits for the first seven days. At each visit the nurse was to remain in the home at least thirty minutes, ambulate the patient and check temp, BP, pulse and respirations.

Regardless of the nursing agency's The Court of Appeals of Texas own policies as to whether the orders 2011 WL 3211536 (Cal. App., August 2, 2011).

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