Lack of Preventive Care by Hospital Staff Results in Elderly Patient's Fall

Independent, active woman now needs constant care.

At 78 years of age, Mrs. X was an independent, active woman, fully capable of maintaining her home, driving her car, handling the activities of daily living both at home and away from home, and enjoying the golden years she shared with her husband of 56 years. In November 2002, that independent life changed forever.

Mrs. X had experienced some difficulty walking and had complained of weakness and dizziness. She was taken to a hospital for evaluation and treatment. Mrs. X was awake and alert, but having some mild difficulty expressing herself verbally. She was diagnosed with hyponatremia (lack of sodium in the blood) and Dilantin toxicity. Mrs. X was admitted to the hospital and placed on fluid restriction. Her current medication regimen was continued.

Mrs. X had not one, but four risk factors which required fall-prevention measures - none of which were implemented.

The initial assessment form at the hospital identified a number of concerns about Mrs. X. It noted that she had a generalized weakness, recent history of falls, decreased use of one or both legs, and an unsteady gait. A fall/risk screening was performed which clearly identified that Mrs. X would require fall prevention measures. Hospital policies and procedures mandate fall prevention measures if a patient has one risk factor. It was documented that Mrs. X had not one, but four risk factors: she was over 70 years of age; there was a neurological deficit; she complained of dizziness; and she had a history of falls. Her physician ordered "ambulate with assistance."

According to depositions, the nurses at the hospital were aware of the risk factors that Mrs. X experienced, and that these factors mandated fall prevention measures. However, the interventions that were necessary to prevent Mrs. X from falling were never implemented. A nurse tending to Mrs. X's hospital roommate observed Mrs. X out of bed, by herself, on two occasions. Mrs. X was allowed to pace up and down in her room unattended. At 9:30 p.m. on November 30th, the roommate saw Mrs. X fall in the room. The attendants found Mrs. X lying unconscious on the floor.

Mrs. X was stabilized and transferred to an intensive care unit of the hospital. A CT scan revealed that she had suffered a large right subdural hemorrhage, with massive bleeding. She was in a coma. Her respiratory status was compromised and she was placed on mechanical ventilation. Due to the progressive decline in her mental and physical state, she was air-evacuated to another hospital where she underwent cranial surgery. Recovery was very difficult for Mrs. X. Upon removal of the ventilator, Mrs. X continued to have respiratory difficulty and it was necessary to perform a tracheotomy. Mrs. X remained in intensive care for nearly a month, eventually transferring to a step-down care unit on December 26th. A week later she was transferred a third time to an acute inpatient rehabilitation unit where she remained for over a month. In February 2003, Mrs. X was discharged to a sub-acute facility for another two and one-half months of care.

Since her release from the last care facility, Mrs. X has required the assistance of home care aides for 16 hours a day. Her husband cares for her alone during the evenings. Mrs. X is no longer able to be left alone. She has problems walking, memory dysfunction, and mental confusion. She cannot bathe herself, clothe herself, or prepare meals. She will never attain the level of independence she enjoyed before the fall.

Mr. and Mrs. X filed an action seeking compensation for injuries suffered due to the egregious medical negligence on the part of the hospital and its staff. Attorney Christopher Speed represented the couple. The case eventually reached settlement for a confidential sum, which will allow Mr. X to provide medical care for his wife for the rest of her life. ■

Confidential Settlement

HOSPITAL AND STAFF LIABLE FOR MEDICAL NEGLIGENCE