Spinal cord injuries cause devastating injuries. Lawsuits may result with the injuries occurred as the result of someone’s negligence: falls on someone’s icy sidewalk or in a healthcare facility, or injury from motor vehicle crashes, for example.

Paralysis from a **spinal cord injury** causes major emotional, physical, and financial damages.

This is Pat Iyer with *Iyer’s Insights*, one of the twice weekly shows of Legal Nurse Podcast.

Despite improvements in early recognition and treatment, spinal cord injury remains a devastating event, which can produce a severe and permanent disability. Be sure to listen to Charles Fleisher’s podcast, which was 254, about how he ended up paralyzed after a car accident and how his life was forever changed.

**Mechanism of injury of spinal cord injuries**

Legal nurse consultants get involved in explaining medical injuries and anatomy to attorneys. Many spinal cord injuries result from the force of a traumatic event, which can then produce compression, rotation, extension or flexion of the spine.

There may be immediate effects of the trauma and or there can be a progressive mechanism, which follows the injury. Examples of mechanisms of injury include hypoxia, ischemia, edema, and bleeding to name a few.

The spine and spinal cord may be subjected to multiple insults such as trauma, infection, ischemia, hemorrhage, tumor, inflammation and degeneration. All these processes can lead to a sudden onset of neurologic symptoms such as motor weakness, bowel and bladder incontinence and sensory changes. Prompt recognition of these entities is important to reverse or minimize potential neurologic injury.
When problems occur, the causes must be identified, and practices adjusted – if necessary – to prevent them from occurring again. A plan of care is then designed for the individual patient.

According to the Pennsylvania Patient Safety Advisory, there are three distinct factors of rapid response preparedness that must be addressed in virtually every clinical point of care. These include:

1. Rapid access to functioning equipment and up to date supplies;
2. Knowledgeable and trained staff to manage the clinical emergency; and
3. After systems are in place, maintaining a state of readiness to manage a clinical emergency at any time.

The legal question to answer in **spinal cord injury** is usually not whether there are damages, but whether there is **liability**.

**Nursing Liability for Spinal Cord Injury**

A patient arrives in the emergency department with a possible spinal cord injury. Or a patient falls in the hospital.

One of the first things nurses must do is to assess the patient and determine if there are any changes from the baseline assessment. Recognition of changes from the baseline are integral in the timely diagnosis of a spine emergencies.

Vital signs monitoring plays a key role. It is important for nurses to follow the pain assessment (location, severity, radiation, character of the pain and relieving factors) and listen to the patient. Neurovascular assessments play an integral role in the assessment of a patient who has any type of spinal emergency.

**Cauda Equina – spinal cord injury**

**Cauda equina syndrome** is a dreaded complication of a spinal cord injury that causes devastating injuries to patients. It is a rare disorder affecting the bundle of nerve roots (cauda equine) which is located at the lower end of the spinal cord and becomes a surgical emergency. If these patients do not get emergent attention, then
permanent paralysis, impaired bowel or bladder control, and loss of sexual sensation can result.

**These are some of the devastating cauda equina symptoms:**

- Bladder and/or bowel dysfunction (especially urinary retention) causing retained waste or incontinence
- Severe or progressive problems in the lower extremities, including loss or altered sensation between the legs, over the buttocks, the inner thighs and back of the legs (saddle area), area around the rectum and feet/heels.
- Pain, numbness or weakness spreading to one or both legs that may cause the person to stumble or have difficulty getting up from a chair.
- Suspected spinal cord compression – Acute neurologic deficits may be present. Emergent evaluation is needed. The surgeon determines if surgical decompression or radiation therapy is going to be helpful.
- Progressive or severe neurologic deficit.

A **nursing malpractice suit** may be filed when warning signs of spinal compression are not detected or reported by the nurse to the appropriate physician or if the injury could have been prevented.

I recall a tragic case I worked on of a young man whose blood was drawn in a clinic. He fainted when he was walking out of the area, fell to the floor and became paralyzed. In this case, the question was whether that injury could have been prevented by different care after the nurse finished drawing his blood. We ultimately concluded the fainting was not foreseeable. He did not get up right away and looked fine as he was walking out the door.
Before we continue, listen up. When I had an opportunity to teach a program on legal issues for ambulatory care nurses, I realized there are a lot of practice issues that affect nurses in clinics, same day surgery units, office practices, and urgent care centers. I put together a book that will help you analyze cases in these settings.

The book is called **Safeguard Your Ambulatory Care Practice**. This text highlights the legal risks of nurses who work in a wide variety of ambulatory care settings: clinics, medical offices, telephone triage and other settings. It focuses on one of the high-risk aspects of medical care: ambulatory care risk management.

Order the book at the show notes for this podcast, which you will find at podcast.legalnursebusiness.com. Use the code Listened to get a 25% discount when you use the shopping cart.

**Dropped During Transfer**

I also worked on cases involving patients who became injured when they were dropped. For example, in one case the nursing assistants dropped a demented patient while transferring her. They used a hydraulic lift while getting her into a wheelchair. There was a sickening thud as a patient hit the floor. Afraid they would lose their jobs, the aides did not report the incident. The next day, the patient could
not move her legs. The daughter came in to visit her mother and demanded an explanation.

No one knew what happened. No one talked. No one confessed. The patient’s condition worsened, and she died. Frustrated by the lack of information and grieving over her loss, the daughter sought a plaintiff attorney’s help.

**Here are some tips about our role helping attorneys with a case of a patient dropped during transfer**

This is an all too common scenario in our legal nurse consulting business. I’ve handled several cases like this. What do you need to know to help an attorney with this type of case?

**What are the damages?**

A drop during transfer may result in fractured extremities, spinal cord injury, head trauma, and soft tissue injuries. Damages are compounded if the patient is receiving Heparin, Coumadin, Lovenox and other anticoagulants.

**Is there causation?**

Can the injuries be tied to an incident? Is there any other plausible explanation for the injuries the patient suffered?

**What is the liability?**

Staff are expected, according to the standard of care, to use the appropriate number of people and equipment needed to safely move a patient. A dropped during transfer incident can occur under the following circumstances:

- The nurse rolls the patient over in bed without putting up the side rail.
- The patient is rolled off a stretcher. (These types of incidents are rare. It is more common for the patient to be dropped during a transfer from a bed to a chair or chair to wheelchair.)
The patient may fall if caregivers neglect to assess her handling requirements and or overestimate their own physical abilities.

Was there a cover up?

Delay in recognition of the injury worsens the problem. Instead of properly assessing the paralysis in terms of onset, associated symptoms, or ability to bear weight, the staff may medicate the patient with an analgesic.

Since the aides did not report the incident, the physical therapy and nursing staff continue to handle the patient, delaying the window of opportunity to reverse the paralysis.

Standard of care for prevention of drops

Here is what you should expect to see in the way of safety precautions. The staff should:

- Aid frail people who are at risk for falls.
- Keep side rails up when turning patients or while they are sedated.
- Obtain help to move a patient when there is a risk of the patient being uncooperative, too heavy to manage or too frail.
- Make sure there are two people involved in a transfer with a hydraulic lift – three including the patient. One person moves the lift and one person guides the patient’s body.
- Participate in periodic inservices on safe patient handling techniques.
- Perform accurate fall risk assessments according to policy.
- Examine the patient care environment for assistive devices that improve mobility and safety, such as grab bars, handrails, raised toilet seats, lockable wheelchairs, good lighting, low bed heights, and other safety devices.
- Review the fall alert program to determine if it specifically advises staff and visitors of the patient’s risk for falls.
- Ensure there is a comprehensive clinical and risk evaluation after a fall.
- Ensure that falls are tracked through the quality improvement program, and opportunities for improvement are identified and addressed.

Use the points above to get a head start.
Get your copy of *Safeguard Your Ambulatory Care Practice* at the show notes for podcast.legalnursebusiness.com and use the code listened to get a 25% discount.

I’ve got a phenomenal resource for you just waiting on LegalNurseBusiness.com. My online training and books are designed to help LNCs discover ways to strengthen their skills and businesses. Check them out at legalnursebusiness.com.

Many of us are lifelong learners who enjoy the chance to keep expanding our knowledge. Just like the book of the month clubs, LNCEU.com gives you two online trainings every month. We have a yearly payment plan that saves you over $50 compared to paying monthly, and each program is hugely discounted. Look at the options at LNCEU.com.

The LNCAcademy.com is the coaching program I offer to a select number of LNCs. You get my personal attention and mentorship so that you can excel and build a solid foundation for your LNC practice. Get all the details at LNCAcademy.com.