

SAMPLE BRIEF NARRATIVE REPORT

August 2, 0000

Ms. Laura Smith
Smith, Jones and Green
4222 Somewhere Blvd, Suite 200
Your Town, TX 00000

Re: *John Doe v. Anytown Endoscopy Center, et al.*

Dear Ms. Smith:

I have completed a review and screening for merit of John Doe's medical records, the results of which are detailed below. Also provided are the records which have been organized, tabbed and paginated.

This is a case about failure to provide safe, appropriate and adequate post anesthesia care and recovery resulting in a fall which caused a left wrist radius fracture and subsequent surgery of an ORIF [open reduction internal fixation] of the left distal radius.

Summary

Mr. Doe presented to the Wichita Falls Endoscopy Center on December 2, 0000, for a prescheduled colonoscopy. An appropriate release and consent was signed, witnessed and dated. (pg 5, 6)

In a narrative statement taken from Mr. Doe on July 31, 0000, he states he registered at the endoscopy center for a colonoscopy. Prior to the procedure he recalls placement of an intravenous (IV) catheter then receiving IV sedation. He quickly went to sleep and does not remember anything about the procedure. The next time he awoke was when the cart jarred him as he was taken back to the recovery area after the colonoscopy. He stated very soon after that he was told to get up and get dressed as his son would be there to pick him up in about 30 minutes. Though he felt very sleepy, the nurse let the side rails down and discontinued his IV. Dr. G came in and spoke with him about the results of the colonoscopy. After he left, he then proceeded to get up to get dressed as he was requested to, although there was no one there to assist him. The next thing he can remember is screaming and finding his self on the floor between the divider curtain and the cart. He states he does not recall the actual fall, the time frame immediately before it or how he ended up on the floor on the other side of the cart.

In my opinion, this case has merit because although there was an appropriate consent and release for the colonoscopy, the physician and healthcare professionals take an oath to "do no harm". This oath holds them accountable for following the practice guidelines and standards of care aligned with a patient undergoing a colonoscopy. The staff at the endoscopy center breached their duty to Mr. Doe which was demonstrated by the following failures to comply with post-colonoscopy and post-anesthesia care standards:

- Failing to render appropriate oversight after administration of anesthesia.
- Failure to render safe and appropriate oversight for post colonoscopy recovery.
- Failure to render safe and appropriate oversight for patient discharge.
- Failure to evaluate and re-evaluate Mr. Doe.
- Failure to recognize Mr. Doe's decreased level of consciousness and sedated state.
- Failure to anticipate Mr. Doe's needs.
- Omitting appropriate narrative documentation showing proper oversight of Mr. Doe during post procedure recovery and post anesthesia.

The anesthesia notes documents the administration of an IV anesthesia, Propofol, at three different times; 0844, 0849 and 0850 (pg 11). At 0855, the procedure was complete and Mr. Doe was taken to the recovery area (pg 11). At 0858 the nurse's notes reflect receiving the patient to the PACU [post anesthesia care unit] and VSS [vital signs stable] (pg 10). The next narrative entry is not until 0925 and state "Dr G was notified of patient's fall." (pg 10)

Patients recovering from anesthesia, no matter how short the procedure and anesthesia time must be assessed according to post anesthesia care guidelines. This includes the patient's response to ambulation and their neurologic status. These observations were not addressed in the documentation. Responsibility for the direct care of a patient does not end until the patient has left the premises.

Also of note are the printed "Instructions for after Colonoscopy" which was provided to Mr. Doe after his ER visit and included: "2. Do not drive, operate machinery, make critical decisions or do activities that require coordination or balance for 24 hours." (pg 12)

Injuries

After his fall, Mr. Doe was taken by ambulance to the United Regional Health Care System Emergency Room. Chief complaint was documented as "left arm pain, swelling and edema" (pg 15). X-rays of the left wrist and forearm was interpreted by the ER physician as a "distal radius fracture intraarticular ulnar styloid fracture" (pg 17). Dr. F.P., an orthopedic surgeon, was consulted and on December 8, 2005, he performed a left wrist ORIF [open reduction internal fixation] with a Hand Innovations plate and screws (pg 24).

Possible Defenses

The defendants may say that Mr. Doe should not have gotten up by himself and should have called for assistance before getting up. They may also say Mr. Doe should have informed the nurse that he was too sleepy to get dressed and be ready for discharge.

Recommendations

1. Establish if the endoscopy center has a nurse call light system in PACU for the patients to use.
2. Obtain the Policy and Procedure manual from the endoscopy center.
3. Ascertain if the endoscopy center's Policies and Procedures are appropriate and were complied with.
4. Research and identify deviations from the standards of care for patient care in the Gastrointestinal Endoscopy Unit.
5. Research and identify deviations from Standards of Care for post anesthesia care.
6. Research and identify deviations from the Standards of Care for staffing in the Gastrointestinal Endoscopy Unit.
7. Ascertain current status of Mr. Doe and his arm – obtain subsequent relevant records after March 2006.
8. Research in detail subsequent care needed such as therapy and follow-up with the doctors.
9. Conduct a literature search about an ORIF of the wrist with plate and screws.
10. Research the expected effects and recovery from the IV anesthesia/sedation used, Propofol.
11. Research/analyze all medical bills related to this incident.

Thank you for consulting me for this very interesting case. If you desire further research and reporting on this case, I would be happy to assist you.

Sincerely,

Linda Cain, RN, CLNC
Nationwide Medical-Legal Solutions