

INTEGRITY LEGAL NURSE CONSULTING PDX NEWSLETTER

Helping you understand medical issues,
giving you more time to practice law.

JANUARY FEBRUARY 2016

*EVIDENCED BASED PRACTICE - WHY IT IS IMPORTANT?

*COMPLEX REGIONAL PAIN SYNDROME OR CRPS

*SAFETY IN ACUTE CARE HOSPITALS

*CAN A HIP FRACTURE BECOME A WRONGFUL DEATH; INCREASED RISK OF MORTALITY

*SURGICAL SITE INFECTIONS

*RESOURCES



**WENDY VOTROUBEK,
RN, BSN, MPH
Legal Nurse Consultant**

**Clinically active author of
three nursing textbooks**

**wendy@legalnursepdx.com
503-775-3221
legalnursepdx.com**

SERVICES INCLUDE:

- * **Providing medical record evaluation and analysis,**
- * **Screening cases for merit,**
- * **Developing chronology of events and timelines,**
- * **Providing cost projections**
- * **Coaching your client and attending DMEs,**
- * **Locating and vetting expert witnesses,**
- * **Serving as TE**

EVIDENCED BASED PRACTICE - WHY IS IT IMPORTANT?

What exactly does evidenced based practice mean and where might I find those standards?

- Evidenced based practice is the the use of (conscientious, explicit and judicious) current best evidence to make decisions about a patient's care; can include high, good and low quality level of evidence.
- Sources can include Up To Date (subscription based), Pub Med and Medline (free), Peer reviewed articles and Google Scholar.
- Types of best practice evidence can include:
 1. Standards of Care as in National Guideline Clearinghouse,
 2. Statutes as in textbook (gold standard version) or core curriculums,
 3. Professional Organizations as in National Cancer Institute (NCI), National Institutes of Health (NIH), American Society of Anesthesiologists (ASA) and American Association of Critical Care Nurses (AACN),
 4. State Practice Acts as in Oregon Nurse Practice Act,
 5. Facilities Policies and Procedures (ask for table of contents for easier search),
 6. Primary Literature as in peer reviewed articles,
 7. Other Sources as in Joint Commission and Critical Pathways.

We have experience in determining if care followed best practice based on authoritative sources.

COMPLEX REGIONAL PAIN SYNDROME or CRPS

What do I need to know about CRPS?

- *Chronic pain condition, most often affecting one of the limbs.*
- *Usually occurs after trauma or injury to that limb; thought to be related to damage or malfunction of nervous system and more common in women.*
- *Characterized by prolonged or excessive pain with mild or dramatic changes in skin color, temperature and/or swelling in that area.*
- *Two forms that include CRPS-I (without confirmed nerve injuries) and CRPS II (with confirmed nerve injuries).*
- *Can vary in severity and duration (mild to severe and potential for long term disability).*
- *Key symptom of prolonged pain- as in burning or pins and needles.*
- *In most cases (90%), triggered by trauma or injury as in fracture, sprains and strains, soft tissue injury, or surgical/medical procedure.*
- *Treatment can include rehab therapy, psychotherapy, medications as well as nerve blocks or nerve destruction, spinal cord stimulation and pain pumps.*

We have experience with obtaining cost projections for your client with long term pain issues.

TESTIMONIALS

"When we use Wendy, we get a thorough and complete report. She finds issues that I had never considered and her thorough analysis is worth every penny."

[Kelly L. Andersen, Esq.](#)

"Very nice report, the report will be useful to cut and paste into my settlement demand."

[Jan Kitchel, Esq.](#)

"Thank you so much for your timely response to this case. We appreciate what you do."

[Katie Ireland, Esq.](#)

"Wendy provides prompt, professional, courteous service with a ready smile that sets clients at ease. She lasers in on the medical issues that matter most to highlight them for legal review as we consider how to best represent our medical cases to the triers of fact."

[Jenna Harden, Esq.](#)

"Thank you for the hard work and detailed report."

[Judy Snyder, Esq.](#)

"This is awesome! You are well worth the money! Thanks Wendy."

[Andrew Mathers, Esq.](#)

"Because of several large cases going on at the same time, I had to find someone to do the medical review that my legal assistant normally does. I contacted Wendy and hired her for the job. The review was in the format and style I requested. It was every bit as thorough, perhaps even more, than my legal assistant. It was exactly what I needed. I would not hesitate to use Wendy again, in fact I am."

[Jim Dwyer, Esq.](#)

"You are truly a delightful person, and a consummate professional."

[Sara M. Winfield, Esq.](#)

"Thank you for your speedy work and comprehensive spreadsheet."

[Jim Nelson, Esq.](#)

"You did an excellent job."

[Michael H. Bloom, Esq.](#)

"Wendy Votroubek was very prompt and timely in providing her evaluation, focusing on the key issues in the case."

[W. Wallace Ogdahl, Esq.](#)

"Thanks so much, will definitely use you for another criminal case."

[Zack Stern, Esq.](#)

SAFETY IN ACUTE CARE HOSPITALS

There are numerous concerns when reviewing cases that take place in acute care hospitals.

- Safety deficiencies can include patient falls, medication errors and hospital acquired conditions (infections); hospitals with worse performing numbers can lose part of Medicare reimbursement.
- Higher patient acuity associated with an increase in adverse events such as medication errors and patient falls.
- Patient falls can be prevented with identifying high risk patients as well as instituting a fall prevention program (as in use of bed alarms and safety rounds).
- Frequent patient rounding associated with increased patient safety and satisfaction.
- Small units more compliant with safe work practice.

We are adept in determining best practices of care and corresponding safety concerns, especially in relation to National Patient Safety Goals.

CAN A HIP FRACTURE BECOME A WRONGFUL DEATH; INCREASED RISK OF MORTALITY

What are the risk factors for increased risk of death after hip fracture?

- One fourth of elderly with hip fracture die within 6 months of injury.
- More than 50% of elderly patients who survive hip fractures are discharged to nursing home and 25% with need for long term nursing home care.
- Mortality influenced by cognition and pre existing conditions; risk factors include dementia, overall frailty, lung disease, heart disease and heart failure, chest infection, muscular weakness and low bone density.
- Older adults do not recover the baseline level of function, functional decline related to fracture itself and not aging.

Our nurses are adept at determining potential causes of hip fracture with probable negligence and correlation of morbidity and mortality.

SURGICAL SITE INFECTION

With the potential for surgical site infection - what are the risk factors?

- Nearly 20% of patients readmitted to hospital after emergency surgery; most common reason for readmission include surgical site infections, GI complications and lung complications; higher risk factor for readmission can include those with significant pre existing conditions.
- Risk factors for surgical infection include existing infection, older age, obesity, smoking, diabetes, vascular disease with poor circulation or irradiation.
- Other surgical site infections risk factors include trauma, shock, blood transfusions, poor oxygenation and high blood sugar.
- Predictive factors for infections can include abdominal surgery, contaminated or dirty operation or more than three diagnoses.
- Increasing potential for antibiotic resistant bacteria in surgical site infections.

Our surgical nurses have the expertise to uncover the potential surgical complications as well as associated risk factors.

RESOURCES

RP Legal Writing Services - Roger Phelps, CP
prproger44@gmail.com 541-224 2689

Compass Rose Video - focus on video production for small business owners and entrepreneurs

www.compassrosevideo.com