

INTEGRITY LEGAL NURSE CONSULTING PDX NEWSLETTER
Helping you understand medical issues,
giving you more time to practice law

JULY AUGUST 2015

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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**

RADIOLOGY DEPARTMENT AND INJURY RISK

Patients in radiology department are at risk of injuries.
Risk factors can include:

- Patients with complex problems and multiple IVs
- Lack of good handoff from one department to another
- Staff unfamiliar with equipment and/or inability to critically think
- Medication related problems with use of sedatives and other medications that can affect function
- Injuries can include:
 1. Fainting - related to fasting, lying flat and medications
 2. Slips, trips or loss of balance falls - loss of footing, left alone in bathroom or transfer to wheelchair
 3. Medication errors - with higher risk of harm than traditional inpatient units

We have experience in evaluating potential risk factors and injuries in the radiology setting

PRESSURE ULCERS (PU)
RISK AND RECOMMENDATIONS

Pressure ulcers can develop in both acute care hospitals as well as long term care settings (LTC)

- Described as localized injury to skin, typically over bony prominences
- Can be due to pressure alone or pressure with shear and friction
- Typically seen in patients who are unable to relieve pressure without assistance (as in bed or chair)
- Higher risk for PU include blacks or Hispanics, low body weight, cognitive or physical impairments, incontinence, malnutrition and diabetes
- High risk patients need mattress and padding modifications that include gel, foam, sheepskin, water or alternating air
- Other recommendations include protein supplements and hydrocolloid dressings (as compared to gauze) and electrical stimulation

We have experience in evaluating potential negligence and development of pressure ulcers, whether in acute care or LTC setting

NURSES AT LEGAL RISK

Highest claim - treatment and care of long term care residents.
Second highest claims - care of medical patients/ complications.

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 out 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.

"A medical summary is critical in every case I have in litigation. It helps me thoroughly understand my client's treatment and identify possible problems at deposition. 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. Wendy had the review back within the agreed upon time. 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.

"Ms. 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 definately use you for another criminal case."
Zack Stern, Esq.

BACK INJURIES IN NURSES

Back injuries are a common work related injury in nurses

- Chronic back pain in 52% of nurses, with lifetime prevalence of 80% and permanent work force leave of 38%
- Risk factors include obesity epidemic, inadequate staffing and increased work load
- While lifts can help, barriers to use of lifts include patient dislike, storage, access, time and weight restrictions
- Contributing factors of patient lifting, transferring and turning and exceeding NIOSH weight lifting guidelines
- Administration typically provides body mechanic education- but not always realistic in day to day care (lack of time and decreased number of supportive devices)
- Possible new legislation called US Senate Bill (Nurse and Health Care Worker Protection Act); but in the meantime, nurses have to rely on good body mechanics

It is unfortunate that nursing is considered one of the most dangerous professions with daily risk of injury

CONCIERGE MEDICINE - WHAT YOU MIGHT NEED TO KNOW

Wanting a more individualized relationship with your provider? You might want to try Concierge Medicine

- Relationship between patient and primary care physician- in which patient pays an annual fee or retainer
- MD is available 24/7 for care via video, email or phone and appointments within 24 hours and typically longer time with MD
- Most practices do not accept insurance, instead charge patients directly for treatment with menu style prices and up front payment
- A suggested option for consumer is high deductible insurance with concierge practice
- To find a concierge MD, try American Academy of Private Physicians (www.aapp.org)

For individuals who are wanting more individualized care from their primary care physician, concierge medicine might be the best solution

COMMON INJURIES IN MOTORCYCLE ACCIDENTS

As most individuals are aware, motorcyclists have an inherit risk of damages, with risk of permanent injury

- Largest percentage - 30% in leg or foot area/ lower extremities
- Head and neck injuries in 22%, followed by upper trunk, arms and hands and lower trunk
- Most common single area of fatal injury (helmeted and unhelmeted riders) is head injuries
- Nerve damage can include brachial plexus with resultant nerve damage to arm and hand with motor and sensory dysfunction
- Deaths at hospital most commonly caused by injuries to chest, head and then abdomen
- Recommendation for quality protective motorcycle gear

While we might not be motorcycle riders, we are adept at analyzing medical records - outlining injuries and costing future care



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