

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

**NOVEMBER/DECEMBER 2014**

- \*SURGERY CASES- DO YOU HAVE A FULL SET OF RECORDS?**
- \*RAPID RESPONSE TEAM- RRT**
- \*PATTERNS OF INJURY IN MOTOR VEHICLE ACCIDENTS**
- \*WHAT NURSES HAVE TO SAY ABOUT NURSING HOMES**



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three nursing textbooks.**

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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**

**SURGERY CASES**

**DO YOU HAVE A FULL SET OF RECORDS?**

*Surgery cases require a different set of records as compared to other hospital settings*

- Pre surgical screening by primary care provider, surgeon, anesthesiologist and any pertinent specialists
- All operative records including operative notes, anesthesia intraoperative notes and intraoperative nursing notes
- Post anesthesia care unit (PACU) notes
- Surgery logs (when appropriate) as in implants, specimens, tissues and lasers
- All consents including informed consent and surgical consent
- Surgery schedule - for either day in question or month (to address surgical planning, use of robotics and special equipment)
- Hospital criteria for surgery privileges, procedures and specific equipment
- Table of contents for all policies and procedures (P and P) in Medical Staff Office (for privileges including suspended privileges)
- Table of contents for P and P for anesthesia providers and recovery room (PACU), (looking specifically for discharge criteria and communication between PACU and anesthesiologist)
- All educational records for staff in question
- Hours of operation and staff patterns for day in question (especially important in surgery center)
- Staffing records

*Our nurses have years of surgical experience, giving you the most accurate review of potential OR cases*

**RAPID RESPONSE TEAM- RRT**

*Immediate assessment to prevent ICU transfer, cardiac arrest or death*

- Typically critical care RN, respiratory therapist and either critical care MD or hospitalist back up
- Hospital staff (and in certain hospitals, both patients and family members) allowed to call
- Typically whenever certain criteria is met- as in change in vital signs, chest pain, change in mental status and seizures
- Patients many times exhibit changes before adverse outcome
- RRT's goal then to be called in the critical period, as compared to Code team for cardiopulmonary arrest

*Our nurses are skilled in both the medical surgical unit and ICU*

**PATTERN OF INJURY IN MOTOR VEHICLE ACCIDENTS**  
*Characteristic injury patterns, with multisystem injuries being rule rather than exception*

**TESTIMONIALS:**

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

*Katie Ireland, Esq.*

*"Wendy provides her expertise and compassion with humor and energy. She is a delight to work with, and I recommend her highly".*

*Jim Jennings, 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.*

*"We are well acquainted with Wendy L. Votroubek and her work product. We have used her on more than one occasion and are very satisfied with her work".*

*Roy Dwyer, Esq.*

*"I had Wendy review a complex set of hospital records for me. Her synopsis was thorough, understandable and she then went further and provided me with some very insightful medical journal articles and research which put the case in excellent perspective. I will definitely use her again".*

*Richard D. Adams, 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. She also prepared questions to ask of the defendant providers. When asked to vet an expert, she promptly produced a shining star. I would highly recommend Wendy Votroubek without hesitation".*

*W. Wallace Ogdahl, Esq.*

**Frontal collisions:**

- Vehicle bumper impact- usually lower limbs
- Initial impact often lower extremities, with fracture/dislocation in ankles, knee or hips and femur
- Head and cervical spine and torso- as body continues to move

**Lateral impact:**

- Comprehensive pelvic injuries and pulmonary contusions
- Intra-abdominal injury and diaphragmatic rupture
- Head and cervical spine and torso injuries- as body continues to move
- Cervical spine injuries especially in rear impact

**Deceleration/ acceleration injuries:**

- Aorta or renal injuries
- Junction of cervical and thoracic spine
- Between the grey and white matter in brain-closed head injury with diffuse cellular injury
- Head and cervical spine and torso- as body continues to move

**Pedestrian:**

- Vehicle bumper impact- usually lower limbs
- Windshield impact- torso and head injuries
- Ground impact- head, spinal and other injuries

*Our nurses have experience with personal injury cases*

**WHAT NURSES HAVE TO SAY ABOUT NURSING HOMES**

*Posts in blog and Facebook-response to article which addressed staffing problems in nursing homes*

- Inadequate staffing tied to corporate cost-cutting
- Most LPNs do the best they can despite impossible patient ratios
- Having two large medication passes, prevent any opportunity for RN's assessment, diagnoses, planning, actions and evaluations
- Insurers are not recognizing that the usual patient requires a much higher level of care
- The problems is that LTC is an inhospitable environment for anyone to work in
- Nursing homes are no longer "rest homes" but individual, sub acute hospitals. Post op orthopedic, cardiac, stroke care along with rehab and wound care
- Nursing homes are not seen as a desirable workplace by young nurses or high quality administrators, and do not attract the best and the brightest
- Administrators walk a financial tight rope to keep the place profitable with minimal staffing

*We have RNs who specialize in LTC cases, providing the best review of potential negligence cases*



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