Care of pressure area in obese patient
(07HDC18556, 23 December 2008)

Rural hospital ~ Registered nurse ~ Hospital manager ~ Obesity ~ Pressure area care ~ 4(1), 4(3)

A 72-year-old woman was admitted to hospital because of concerns from her family and her general practitioner about her lack of mobility. She was previously being cared for by her family at home, and suffered from morbid obesity, diabetes, hip pain, high blood pressure, gout, and breathing difficulties. She had been bedridden for months, getting out of bed only to go to the toilet.

During her time in hospital, she developed a large necrotic sacral pressure sore, renal failure and septicaemia. She was transferred to a larger hospital for treatment, but her condition deteriorated and she died a few days later.

It was held that throughout her stay at the hospital, the woman's pressure area care was poorly documented and inadequately planned. Despite policy, there was no formal initial assessment that would warn of a high risk, and the subsequent assessment was significantly inaccurate. When damage was noted to her sacrum, inadequate measures were taken to reduce the risk of further damage. Furthermore, documentation of the care provided was poor, especially with regard to pressure area care, and instructions for turning her were not followed. The hospital breached Rights 4(1) and 4(3).

It was also held that the nurse manager, a registered nurse, was responsible for ensuring that patients were provided with care of a reasonable standard. She was accountable for the poor standard of documentation relating to pressure area care, and the lack of a structured plan to manage and re-evaluate the risk to the woman's pressure areas during her admission. The nurse manager failed to ensure that pressure area care was provided with reasonable care and skill, and in accordance with the patient's needs, and breached Rights 4(1) and 4(3).