

Perplexing Nursing Liability Issues

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DISCLOSURE

- Cynthia Douglass has no relationships to disclose.



OBJECTIVES

- 1. Understand legal requirement for transportation/supervision of post-anesthesia patients.
- 2. Recognize additional consideration for discharge readiness assessment.



Issue #1: “Discharge” Post Anesthesia

- ❑ Responsibility for patients who say preoperatively they do have a ride home with a “**responsible adult**” and then, post anesthesia, they tell you they do not?
- ❑ What to do?
- ❑ Medical Center or Out-Patient Responsibility?
- ❑ With a physician Order?
- ❑ Regular Uber alone?
- ❑ What if they intend to drive themselves home?

What is the Medical Center or Out-Patient Responsibility when a patient doesn't have a ride home?

- ❑ Assumes we met our responsibility of informing patients pre-procedure they **MUST** have an adult pick them up
- ❑ IF we have not informed patient, prior to procedure, we may need to admit patient, if they consent, waiving the hospital bill, **or** be responsible to pay for their transport home; may need to pay for medical transport home.
- ❑ Sample “Refusal of Recommendations for Post Op Care” & “Decision Chart” May be helpful to you – more on this later.....

(A) With Physician Discharge Order?

(B) Regular Uber / Lyft alone?

- ❑ (A) – Since Joint Commission requires they be accompanied by a “**responsible adult,**” it can mean liability for all involved if we send them home without a responsible adult; may need to go up chain of command or call Risk Management / RM for Insurer for facility;
- ❑ (B) – REGULAR UBER OR LYFT.....**NO!**
- ❑ HOWEVER, we can now utilize “**24 Hour Homecare**” – check level of care utilizing – drop off at door or apt lobby or go in & get patient situated....**BUT: Need someone at home for patient (?) + patient or their insurance must pay for this service. (most likely patient)**



If they indicate they intend to drive themselves home, what can we do & what MUST we do?

- ❑ Inform the patient that, if they intend to do so, we **LEGALLY ARE REQUIRED TO CALL THE POLICE**.
- ❑ If they try to leave, call Security; we can detain since we are not legally permitted to discharge anyone considered “under the influence” due to drugs or alcohol; anesthesia counts!
- ❑ Follow through & **CALL THE POLICE**; tell them you have patient we consider under the influence & they are insisting on leaving & **DRIVING** against medical advice not to do so.



ADDITIONAL ASSESSMENT

- ❑ Consider: difficulty of completing procedure
 - refractory symptoms
 - required medication

- ❑ Patient education:
 - discharge requirement/driver
 - what to watch for
 - contact procedure



**REFUSAL OF RECOMMENDATIONS
FOR POST SEDATION CARE**

PATIENT I.D.

I, _____, am a patient of Cedars-Sinai. Today I am being discharged after a procedure or surgery which required anesthesia or sedation. I was advised prior to this service that I would need to arrange for a responsible adult to take me home on discharge. I did not disclose to Cedars-Sinai prior to the service that I had not arranged for a responsible adult to assist me on discharge.

My care team advised against discharge without a responsible adult. They explained that an adult driver for a taxi-service or other service such as Uber or Lyft did not meet the criteria of an individual previously known to me who would be attentive to my post-service condition.

Further, my care team has informed me of the following:

- The purpose of the responsible adult is to ensure my safety.
- I can only be released when cleared by an Anesthesiologist as stable for discharge.
- I will not be allowed to drive myself and I understand I may not drive for 24 hours following sedation/anesthesia.
- I understand that patients can be unstable in the hours following sedation or anesthesia after undergoing a procedure and if I leave with no responsible adult, I risk serious complications from surgery including bleeding, anesthesia reactions, or other such complications. I understand these complications could lead to serious disability or death.

Notwithstanding the recommendation of the care team, I hereby request that I be discharged without a responsible adult to accompany me home. I understand that refusing to have a responsible adult accompany me home puts me at risk of having no one available to assist me if I develop a complication of my procedure.

I am willing to assume any risk of bodily injury to me or unfavorable consequences, including severe disability or death. On behalf of myself and my heirs and assigns, I expressly release Cedars-Sinai Medical Center, its employees, the physicians who cared for me, and all related parties from any responsibility whatsoever for any injury or unfavorable consequences which may occur as a result of my refusal to have a responsible adult accompany me.

NAME OF PATIENT (please print)	SIGNATURE OF PATIENT	DATE	TIME
FAMILY MEMBER OR AGENT IF PATIENT UNABLE TO SIGN	RELATIONSHIP	DATE	TIME
WITNESS		DATE	TIME

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THANK YOU: QUESTIONS LATER:

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Phyllis Winston could not be here, but wants to thank you for allowing her the privilege of being with you in prior years☺ ☺ Cell: 909-560-2004 – can text or call!