

Case Description: Pressure Sore

Plaintiff's profile: 62 year old male; T-2 paraplegic

Injuries: Stage III Pressure Wounds

Settlement: \$400,000.00

BACKGROUND:

David S. is an electrical engineer. As the result of a work related accident 25 years ago, David S. fell 40 feet, breaking his neck and back. He was diagnosed as a T-2 paraplegic.

FACTS OF THE CASE:

On January 21, 2009, David S. was admitted to a local Montgomery County hospital. Upon admission, he developed an onset seizure and was transferred to the intensive care unit for close monitoring. David S. was transferred to a District of Columbia hospital for treatment of seizures. He was pressure-wound free.

On February 4, 2009, a dermal wound was found and noted in the chart. An order for Xenaderm was placed in his chart. On February 18, 2009, David S. was transferred to a regular bed and an order for Xenaderm was once again placed in the chart. Unfortunately, there was no documentation in the chart noting why there was a need for Xenaderm.

On February 24, 2009, David S. was transferred to a District of Columbia rehabilitation hospital for continuing care. At the time of his admission, there were very significant pressure wounds. A wound care nurse was sent to assess the wounds. Due to the severity of the sores, David S. had to undergo plastic surgery for the treatment of the wounds.

On March 13, 2009, David S. was transferred to another District of Columbia hospital for the debridement of the right ischial pressure sore. Following his surgery, he was transferred a nursing home then rehab facility for wound management. David S. remained in the nursing home for 66 days.

On May 20, 2009, David S. was transferred back to a local District of Columbia Hospital where he underwent an incision and debridement with a V to Y flap closure on his ischial wound.

On May 28, 2009, David S. was then transferred to local home health facility in Bethesda, Maryland, for wound healing of the flap. He spent another 26 days in rehab.

In mid-June, David S. was transferred back to the District of Columbia rehabilitation hospital to continue with his rehabilitative therapy. He required intensive rehabilitation for his pressure sores. The treatment included therapeutic positioning, bladder management, wound care and a sitting program.

David S. is a T-2 paraplegic and did not have physical pain from his decubitus ulcers. However, he endured enormous mental anguish and frustration associated with being hospitalized for over six months, due to his pressure sores.