Dear Mary

by Mary Annas

Dear Mary is a monthly feature in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are also invited to comment on the answers. Letters to Dear Mary may be handwritten. All inquiries should be addressed to Mary Annas, Nursing Law & Ethics, P.O. Box 9026, JFK Station, Boston, MA 02114.

Dear Mary,

I have worked on an adult surgical floor for three years. Often, a patient either makes out a will for the first time, or amends an existing one, and asks me to witness it. Is this a good thing for me to do?

Patricia
Boston

Dear Patricia,

There is no problem in a nurse witnessing a will. Of course, it would not be a good idea if you have any question about the competence of the patient, if you suspect there is coercion involved, or if you are named in the will.

The hospitalized person who desires to make or change a will obviously has some immediate concern about his estate. A nurse or other hospital employee can contribute to the patient's peace of mind by facilitating the making or changing of the will.

Generally, one who witnesses a will is attesting to the fact that the testator (person making the will) seems to understand the nature of his act, and that it is the testator's signature (or mark) which appears on the document. If the nurse believes that undue influence has been exerted on the testator, the nurse should refuse to witness the will, and should indicate her reasons for doing so in the patient's chart.

JLG

Dear Mary,

Can it be considered abandonment if a nurse leaves the scene of an accident before an ambulance arrives? Must the nurse accompany the patient to the hospital?

Bill
Peoria

Dear Bill,

Abandonment presumes assumption of responsibility. When a nurse stops at an accident and begins to render assistance, he has assumed responsibility. This aid must be continued until someone else arrives to take over, who is at least as skilled in first aid techniques as the nurse who initially stopped. As far as I know, no nursing board has a regulation which *requires* nurses to stop at accidents, though the Board of Registration in Medicine in Massachusetts has a regulation that requires physicians to do so. Obviously, enforcement of such a regulation is difficult.

After the ambulance arrives, it is safe to assume that the EMTs assigned to it know enough about emergencies to take over. However, if the nurse has any doubt about their competence, he should accompany the patient to the hospital.

Dear Mary,

During part of my medical-surgical rotation, I spent four weeks on a geriatric ward. During the first week I cared for a man who was 89 years old and had had surgery for a prostate tumor. He was previously in good health, and worked part-time in his family's business. As often happens with older people who are uprooted from their usual surroundings, he became somewhat disoriented. When the night nurse tried to calm him, he became combative. She became angry and put him in four point restraints. When the day shift came on, she told them to be sure to get an order from a physician for restraints, and not take the patient out of them.

I have several questions about this issue. 1) Do you need an order from a physician for restraints? 2) Can a physician write the order for whatever reason he or she feels is appropriate? 3) Can a nurse use her own discretion in these circumstances?

Mary Kate
New Bedford, Mass.

Dear Mary Kate,

I feel that restraints, especially four point ones, are inhumane and should be used as infrequently as possible. Of course, if there is a question of physical danger to the patient, they may be necessary for some amount of time. But they should never be used all the time, and never used without special skin care and protection to the area, including padding that must be checked frequently for signs of breakdown.

When restraints are needed in an emergency, orders are often written after the fact. A decision about their use is part of the nursing assessment and should never be made in anger. I believe they should be used if the safety of *any* patient is involved. Also, it is part of reassessment to determine when restraints should be removed. Since student nurses often have more time and energy than the regular floor nurses, it can be good to have students care for and spend time with elderly patients to help them feel more comfortable in unfamiliar surroundings so that restraints are not needed.

The team approach to planning patient care should include the physician. I do not believe that restraints can be used simply on the whim of a physician (or nurse), and any nurse or student who feels restraints are being used indiscriminately should consult the physician or nurse in charge, and get the order changed to a PRN one. It would be a good idea for all restraint orders to be written this way.

Restraints are appropriate only in an emergency, to protect the patient from harming himself or others. Their use is a form of incarceration and thus cannot be treated lightly. Restraints should not be used for the convenience of staff, but only as a last resort when other methods of control have been unsuccessful.

Generally, a physician's order is required for any form of restraint. Of course, in an emergency the decision to use restraints may necessarily be made by nursing staff, but the attending physician should immediately be informed of the emergency and change in the patient's status. And, as Ms. Annas has stated, proper technique must be used in applying the restraints and in evaluating their effectiveness. A doctor or nurse could be held liable not only for unnecessary use of restraints (false imprisonment), and for injury resulting from their improper application (negligence or malpractice), but also for negligently failing to use restraints when necessary to protect the patient or others.

JLG

Indexing

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