

November 18, 1980

SUBJECT: Helmet for [REDACTED]
Horizon Hall 2 West, Humphrey Unit

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TO: Doris Long, PN3
Lorna Steltz, PN3
Joan Deitrick, PN3

FROM: Wayland Gillingham, PSA II *Wayland Gillingham, PSA II*
Office of the Special Assistant to the Superintendent

It has come to my attention that Ms. [REDACTED] has been required to wear a helmet on orders secured from the physicians by the nursing staff. In view that a referral has been made to the Protective Device Review Panel, I would like to share with you what I see as problems with that practice, so that a similar problem will not arise in the future.

According to the nursing progress notes and the physician's order sheets, the helmet was ordered for her as a protective device on November 4 and 5. This was an improper order according to Pennhurst's Policy on Restraints. To ensure that we have a common understanding of the Policy, let me quote some of the relevant sections of the Policy (which can be found in the Policy and Procedures binder on any living area):

- Protective devices are those mechanical aides...(used to) insure normative body positioning and balance....
- A protective device can only be used as part of an individualized program plan *designed by the interdisciplinary team....*
- When approved*, the device will be prescribed and ordered by the attending physician....

Based on this, it was wrong for the helmet to be ordered as a unilateral decision without going through the team and the review panel.

From the 6th, however, until last Friday, the helmet was ordered as a medical restraint. Now once again, so that we can have a common foundation, let me relate to you my understanding of the situation. [REDACTED] is now being seen by Dr. Winkleman, the consultant neurologist, who has diagnosed her as having "akinetic seizures", and is adjusting the dosage of an anticonvulsive drug (Mysoline) in an effort to control these seizures. But to quote from the Policy on Restraints:

Restraints may be used on a non-programmatic basis for the protection of a client during treatment of a *short-lived medical condition* (i.e. protection of sutures, maintenance of an I.U., etc.).....

Now here was the problem - what short-lived medical condition was being treated? There were no sutures, splints, dressings, or anything else to maintain. The course of treatment would have taken just as long without the helmet as it will with one. Thus, this method of ordering the helmet was just as improper as the other one. The point I want to make is this—granted that Ms. [REDACTED] had been falling, and the potential for injury existed. But there are already systematic ways of dealing with problems like this when they arise. The decision to use or not to use any restraint or protective device over a long term is (according to the Medical Assistance standards (45CFR249.13(b)(1)(ii)) committed to the team, and not the unilateral pronouncement of one discipline.

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If you have any questions about this or about what to do in the future, please call me or my supervisor, Greg Pirmann, at extension 301.

JGP/sjm

cc: Wendy Williams, Program Coordinator
Sue O'Meara, Acting Unit Director Humphrey Unit
Robert Everson, Living Area Psychologist, Humphrey Unit
J. Gregory Pirmann, Special Assistant to the Superintendent
Helen Frances, Director of Nursing
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