

IM Injections: Hospital Used Outdated Nursing Standard.

The patient came to the emergency department complaining of knee pain. The physician diagnosed a knee strain and ordered 60 mg of Toradol IM.

The patient received an IM injection from the emergency department nurse in the left deltoid of 60 mg of Toradol in 2 ml of fluid.

Immediately afterward the patient felt pain radiating up and down the arm. The next day there was pain, swelling, tingling, spasms and weakness in the arm.

An orthopedist eventually diagnosed complex regional pain syndrome post Toradol injection.

Hospital's Protocol Based On Outdated Nursing Text

The hospital's protocol was last updated two and one-half years before.

Based on the fifth edition of a standard nursing text which did not specify a maximum volume for injections into the deltoid muscle, the hospital's protocol specified a maximum volume of 5 ml for injections into the deltoid.

However, the seventh edition of that same nursing text and other nursing texts current in June 2011 when the patient was treated limited injections into the deltoid to 0.5 to 1 ml. Larger volume injections were to be given in a larger muscle in the ventrogluteal region.

Court Accepts Patient's Nursing Expert's Opinion On the Standard of Care

The Court of Appeals of Texas accepted the patient's nursing expert's opinion that the hospital's protocol for intramuscular injections violated the legal standard of care, in that the protocol was based on an outdated nursing text.

The Court threw out the local county judicial court's ruling which erroneously granted a summary judgment of no liability in favor of the hospital.

However, before the patient will be entitled to an award of damages from the hospital the patient's attorneys will have to convince a jury to accept her expert physician's opinion that her symptoms after the incident were in fact caused by the Toradol injection and not some other factor. **Bowser v. Craig**, 2015 WL 3946371 (Tex. App., June 29, 2015).

The patient's nursing expert faulted the hospital for still using an outdated source for its protocol for intramuscular injections.

The hospital's reliance on an outdated nursing text, according to the patient's expert, was a breach of the legal standard of care.

The outdated source did not specify a maximum volume for an injection into the deltoid muscle.

The hospital's standing protocol nevertheless placed a limit of 5 ml on injections into the deltoid.

Nursing texts current at the time the patient received the injection into her deltoid muscle did specify a maximum volume.

Nursing texts current at the time of the patient's injection limited injections into the deltoid to 0.5 to 1 ml of fluid, much less than the volume allowed by the hospital and less than that actually given by the emergency department nurse.

The nurse injected 60 mg of Toradol in 2 ml of fluid.

The patient still must convince a jury through expert medical testimony that the Toradol injection was the actual cause of the symptoms she has experienced since the incident in the hospital's emergency room.

COURT OF APPEALS OF TEXAS
June 29, 2015

MI After Clinic Visit: Nurse Practitioner Ruled Not Liable.

The patient was seen by a nurse practitioner in the outpatient clinic for persistent diarrhea he had been experiencing for two weeks.

The nurse practitioner, after consulting with the clinic physician, prescribed the antibacterial medication Flagyl.

After nine days on the medication the patient phoned the clinic to report that the medication was making him feel worse. He was told to keep taking it.

The next day he collapsed at home and was taken to a hospital where he died. No autopsy was performed. The death certificate pointed to a cardiovascular event with hypertension as a contributing factor.

Even if the nurse practitioner's care of the patient's gastrointestinal problem did not meet the standard of care, there is no proof that it was a causal factor in his death.

COURT OF APPEAL OF LOUISIANA
July 1, 2015

The Court of Appeal of Louisiana dismissed the lawsuit the family filed alleging negligence by the nurse practitioner and her supervising physician.

The Court discounted as irrelevant the opinions of the family's medical expert. The expert stated that the nurse practitioner should have ordered a complete metabolic panel, sent a stool sample to the lab, scheduled a follow-up appointment within forty-eight hours and taken into consideration that Flagyl can worsen diarrhea.

For treatment of the patient's gastrointestinal problem the family's medical expert may have correctly stated the legal standard of care, and identified breaches of the standard of care by the nurse practitioner, but it was only speculation that that in any way caused or contributed to the patient's death from an apparent heart attack, the Court said. **Lee v. McGovern**, ___ So. 3d ___, 2015 WL 4002334 (La. App., July 1, 2015).