
Clostridium Aseptic Technique

The patient's finger was amputated in an accident with farm machinery. He wrapped his hand and arm in his shirt, picked up his finger, and got a ride to the hospital emergency room. At the hospital, according to the record in the Court of Appeal of Louisiana, the ER physician cleaned and debrided the wound and called in an orthopedic surgeon to re-attach the finger.

The court accepted the patient's testimony that before the initial cleansing and debriding in the emergency room, the ER nurses cut back the patient's shirt to the elbow and did not completely clean the hand itself or the arm.

Instead, the court ruled, to prevent infection the patient's shirt should have been removed and his whole hand and arm carefully washed, prepped for surgery and covered with sterile drapes, before the wound was cleansed and debrided by the ER physician.

The re-attachment surgery seemed to have gone well, but infection set in. A physician who treated the patient with antibiotics for the infection testified the infection was related to *Clostridium*. The court accepted expert testimony linking the *Clostridium* infection to a lapse in aseptic technique by the ER nurses and physician, rather than a lapse in sterile technique during the finger re-attachment procedure.

The patient had more surgeries after the re-attachment. A hand specialist finally restored full use of the finger and hand by removing adhesions and scar tissue from around a nerve. Nevertheless, the patient sued the hospital where he got his emergency care and the ER physician for negligence over the infection caused in the ER and the resulting need for additional surgeries. He won a large verdict for damages which was upheld on appeal. **Roberts vs. Lowry**, 673 So. 2d 1323 (La. App., 1996).

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