Nurse As Expert Witness: Court Differentiates Nursing And Medical Issues.

The patient's family's malpractice lawsuit against a hospital alleged deficiencies in nursing care.

The Court of Appeals of Washington did not even mention the family's specific allegations in the court record. The court did not have to delve very far into the issues to be able to dismiss the case.

As a general rule a practitioner of one school of medicine is not competent to testify as an expert in a malpractice lawsuit against a practitioner of another school of medicine.

A nurse can testify as an expert witness on the legal standard of care for nurses.

However, expert medical testimony is the only acceptable way to establish a cause-and-effect link between nursing negligence and harm to a patient.

COURT OF APPEALS OF WASHINGTON, 2001.

The court saw that the family's case hinged on the affidavit of a registered nurse. That was perfectly acceptable as far as the issue of nursing negligence was concerned. A nurse is fully competent to testify on the nursing standard of care.

However, the family also had to establish a cause-and-effect link between the alleged nursing negligence and the patient being harmed. The court ruled that cause-and-effect is strictly a medical issue and it absolutely requires expert medical testimony. **Colwell v. Holy Family Hospital, 15 P. 3d 210 (Wash. App., 2001).**

Steroid/Antihistamine Injection: Court Finds No Nursing Negligence, Accepts Nurse As Expert Witness.

A registered nurse testified as an expert witness that Solu-Medrol and Benadryl are syringe-compatible.

She herself had given these two medications together with no problem.

If two medications produce a cloudy solution they are not syringe-compatible. The nurse demonstrated in court these two drugs when mixed produce a clear solution. Two physicians also agreed with the nurse/expert on this point.

The nurse/expert also testified it is not negligent for a nurse to inject a patient with a syringe that has fallen on the floor after being filled and recapped.

It might not look right, but no contamination resulted that could harm the patient.

The nurse also stated that the one and one-half inch needle the E.R. nurse used could not have reached as deep as the patient's piriformis muscle. This injection could not have caused the piriformis muscle syndrome the patient claimed resulted from the nurse's alleged negligence.

SUPREME COURT OF APPEALS OF WEST VIRGINIA, 2000.

A patient came to the emergency room for treatment for a bee sting. The physician ordered 125 mg of the steroid Solu-Medrol and 25 mg of the antihistamine Benadryl by IM injection.

The registered nurse in the emergency room drew up the indicated dosages of the two medications combined in a single syringe, gave the injection and charted it as given in the left upper outer quadrant of the patient's buttocks.

The patient returned a few days later with pain in her right hip and was diagnosed with piriformis muscle syndrome.

She eventually sued the hospital, the physician and the nurse, claiming the nurse had in fact injected her right hip and had done so negligently. The jury exonerated all the defendants. The Supreme Court of Appeals of West Virginia upheld the jury's verdict.

Nurse's Drug Problem

The court ruled this nurse's prior drug problem was completely irrelevant and inadmissible and it was proper to keep it from the jury. The nurse was caught injecting herself with narcotics in the ICU some years earlier, but she went through rehab and professional probation and now had her license fully restored.

Nursing Standard of Care

The court accepted a nurse's testimony as an expert witness that it is within a registered nurse's scope of practice to determine syringe compatibility of medications. And two physicians, one with academic credentials, backed up the nurse/expert's testimony that the two drugs in question are syringe-compatible.

The court also ruled that a capped needle that falls on the floor will not cause harm to a patient. It does not seem right to use it, but it is not grounds for a lawsuit unless it causes harm to a patient. **Taylor v. Cabell Huntington Hospital, Inc., 538 S.E. 2d 719 (W. Va., 2000).**