

IV Therapy: Lawsuit Alleges Complications From Too Rapid Infusion Rate.

In any healthcare malpractice lawsuit, the patient or person suing on the patient's behalf must prove to a reasonable degree of medical certainty that negligence by the healthcare professional caused harm to the patient.

In this case the patient's home health nurse allowed the patient's IVIg to infuse at a rate which exceeded the manufacturer's recommendations, which exceeded the pharmacist's directions and which exceeded the nurse's own experience with the patient gradually increasing the flow rate to test the patient's tolerance.

Rapid Infusion Followed By Stroke

The day after the rapid infusion the patient suffered a stroke, a non-hemorrhagic infarction of the right middle cerebral artery.

Manufacturer Warned of Stroke As Complication

The manufacturer had circulated a product insert identifying rapid infusion of IVIg as a risk factor in vascular occlusive events.

However, as pointed out by the Court of Appeals of Minnesota, the extensive clinical investigation of an extensive list of post-infusion complications had never conclusively linked the drug to a cerebral vascular occlusive event. Therefore, because the medical literature is inconclusive on this point, the court ruled the patient's expert neurologist had no solid basis to testify with the legally-required reasonable degree of medical certainty that the nurse's actions caused the patient's stroke.

Court Sees No Solid Proof Of Causation

Case Must Be Dismissed

Without such testimony there was a critical break in the chain of proof necessary to sustain the patient's case and the case had to be dismissed. Just pointing to a possible risk that happens to materialize is not exact enough to sustain a malpractice lawsuit. **McDonough v. Allina Health System**, (Minn. App., August 17, 2004).

The lawsuit alleged the home-health nurse allowed the patient's IV to infuse at a rate that exceeded the pharmacist's directions and the drug manufacturer's recommendations.

The pharmacist's directions were to start the IV at a relatively low rate and to increase the flow rate at fifteen minute intervals to test the patient's tolerance.

The patient had experienced chills when the IV reached 125 ml/hr, so the nurse slowed the flow rate and called the pharmacist. With Tylenol for the chills the patient seemed to tolerate the slower flow rate.

The next day the nurse infused the IV very rapidly, reaching a flow rate that was calculated after the fact to have reached 800 ml/hr for a brief interval.

The patient had a stroke. The manufacturer's insert had warned of the risk of stroke from too rapid infusion of this drug.

However, the medical literature is inconclusive that the drug has ever actually caused a stroke, so the patient's case against the nurse must fail.

COURT OF APPEALS OF MINNESOTA
August 17, 2004

Gynecological Surgery: No Proof Linking Nursing Care To Patient's Stroke.

Before her hysterectomy her physician went through the standard informed-consent protocol with the patient which included advising the patient there was a risk of stroke.

Two days after her surgery the patient's nurse found she could not understand her speech and promptly notified the doctor who came in twenty minutes later at 2:20 a.m. He found her neuro status intact. He and the nurses continued to follow her closely the next day, noting that she was able to communicate and move all her extremities and had normal and symmetrical grip strength in her hands.

She did have a second bout of confusion and difficulty speaking, which resolved. She was discharged in apparently stable condition. Later it was determined she had had a stroke while in the hospital.

The North Carolina Court of Appeals

The patient apparently suffered a stroke while under the nurses' care recovering in the hospital after her hysterectomy.

All relevant signs were seen and noted by the nurses and the physician.

There is no proof linking the stroke to any lapse in the patient's nursing care.

NORTH CAROLINA COURT OF APPEALS
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could find nothing wrong with her nursing care or anything even to suggest it somehow caused her to have a stroke, and ordered dismissal of the case. **Bak v. Cumberland Co. Hosp.**, 2004 WL 1824303 (N.C. App., August 17, 2004).