## IM Injection: Court Accepts **Nurse's Expert Opinion.**

damage in her shoulder.

so far only put to rest the preliminary legal issue whether a registered nurse's report, as opposed to a physician's report, will suffice as the expert opinion a patient must file with the court to go ahead with a malpractice case.

The court endorsed the nurse's report

he patient sued an outpatient medical in all respects, that is, the nurse was ruled ▲ facility over an intramuscular Depo- qualified to express and opinion as to the Medrol injection she claimed caused nerve legal standard of care for a nurse giving an IM injection and to express a medical opin-The Court of Appeals of Georgia has ion that a brachial plexus injury is a possible consequence of giving an IM injection improperly in the upper arm. Allen v. Fam-<u>ily Medical Center, P.C.</u> S.E. 2d \_\_, 2007 WL 2631882 (Ga. App., September 12, 2007).

> Prior to administering an IM injection the nurse must decide the most appropriate location, that is, the deltoid or the gluteal muscle.

> The nurse should take into consideration the patient's age, weight, skin turgor and the type of medication to be administered.

> The nurse must establish the location of the deltoid muscle, not just "eyeball" its location.

> The nurse must take into consideration the patient's arm size, whether skinny, average or obese, the select the appropriate size for the needle.

> An injection into the deltoid of an adult patient should be administered at a ninety-degree angle at a location approximately two inches below the acromial process, at a depth shallow enough not to contact the major brachial nerve plexuses in the patient's upper arm.

COURT OF APPEALS OF GEORGIA September 12, 2007