

Extravasation: Nurse Did Not Monitor Infusion.

The sixty-nine year-old patient was getting chemotherapy with Adriamycin for breast cancer through a port surgically implanted in her chest above her left breast.

The patient's first two chemotherapy sessions went OK.

During the next session the patient complained of pain while an unspecified medication was being administered before the Adriamycin was started. The nurse reassured her that everything was well and went ahead with the Adriamycin.

The patient's daughter then alerted the nurse that there was swelling and redness developing around the site where the needle went through the skin, but the nurse went ahead and allowed the full dose of Adriamycin to be given.

Tissue damage from extravasation of the Adriamycin resulted in a total mastectomy of the left breast being necessary.

The jury in the Circuit Court, Washington County, Wisconsin returned a verdict of \$450,000 for the patient based on the nurse's negligence.

The jury heard testimony from the nurse's employer's nursing expert that it is a known complication of chemotherapy that extravasation can cause significant damage to surrounding tissue.

However, the patient's nursing experts countered that the potential for extravasation places a duty upon the patient's nurse to watch carefully for signs of extravasation, to pay attention to the patient's complaints, to discontinue the infusion promptly if there is a problem, to treat the affected area with ice to reduce perfusion of the chemo agent and minimize swelling and tissue damage, and to notify the physician promptly.

The evidence was inconclusive that any error or omission occurred in the insertion of the needle into the catheter port. Only what happened after the extravasation became apparent or should have been apparent, and not that issue, was a factor in the jury's decision in the patient's favor. **Knight v. Physicians Ins. Co., 2009 WL 3320299 (Cir. Ct. Washington Co., Wisconsin, March, 2009).**