

LEGAL EAGLE EYE NEWSLETTER

February 2001

For the Nursing Profession

Volume 9 Number 2

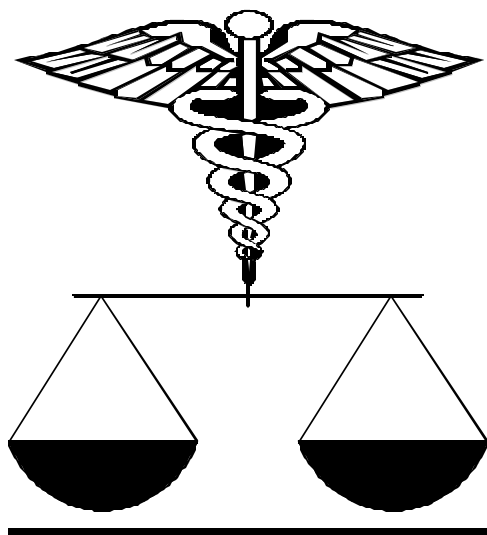
Toradol Injection: Court Finds No Nursing Negligence Caused Medical Complications.

The patient's malpractice lawsuit against the hospital was based on the theory the patient's nurse must have given him his IM Toradol injection improperly, as there was no other explanation why he developed paresthesia at the injection site on his thigh. He had been hospitalized for thoracic surgery.

The hospital had a two-part defense to the lawsuit. First, the hospital did not try to deny the patient did develop paresthesia at the injection site. There was a note in the patient's chart from the charge nurse on the unit to the patient's doctor indicating the patient was complaining of numbness, pain and a burning sensation in the thigh where he had been given the Toradol injection three days before.

Second, a registered nurse testified for the hospital that Toradol has the potential to produce paresthesia at the injection site even when the nurse has properly located an injection site and given the IM injection properly.

The nurse's testimony satisfied the Court of Appeals of Wisconsin that the patient's theory of the case did not hold water. The court was satisfied that an injection properly given by the nurse can produce the specific side effects this patient experienced.



The patient's lawsuit questioned why he had paresthesia at the injection site if his nurse had located a proper site and given the injection correctly.

However, that is inconclusive. This medication can cause complications even when the nurse gives the injection properly.

COURT OF APPEALS OF WISCONSIN, 2000.

Complications Do Not Equal Negligence

Adverse complications in and of themselves do not prove that a nurse or other healthcare provider has been guilty of negligence. The court's ruling illustrates that point that is widely accepted in malpractice litigation.

The real question is whether the provider's professional conduct fell below the standard of care. For an IM injection, according to the court, proper sites include the shoulder, the buttocks, the side of the buttocks and the side of the mid-third of the thigh.

Although the site of the injection was not documented in the nursing notes or medication record at the time the injection was given, the court nevertheless accepted testimony from the nurse who gave the injection that it was given properly in all respects.

Defective Product

The medication in question does not have to be a defective product for which the patient could sue the product manufacturer, for the possibility that complications can happen to constitute a legal defense available to a nurse who is sued for malpractice over such complications, the court ruled. **Nommensen v. American Continental Insurance Company**, 619 N.W. 2d 137 (Wis. App., 2000).

Inside this month's issue ...

February 2001

[New Subscriptions](#)

Page 3

Toradol Injection - Community Integration/Mental Health
Dementia/Patient's Rights - Understaffing/Whistleblower/Retaliation
Freedom Of Speech - Physician Sexual Abuse/Whistleblower
EMTALA/Nursing Assessment - Phobia/Disability Discrimination
Agency Nurses/Sexual Harassment/Employer Defined
Childbirth Services/Physician's Assistants/Nurse Midwives
Surgical Preparation/Nursing Documentation