

Negligent Use of IV Causes Damages

Mrs. X was admitted to the hospital on May 2, 2002, suffering from fever, diarrhea, nausea, and vomiting for the previous two days. The emergency room physician examined her, and ordered intravenous Phenergan to alleviate the nausea. Two registered nurses placed the antecubital intravenous line into Mrs. X's left arm. When the Phenergan was injected, Mrs. X immediately felt a painful burning sensation that traveled from the intravenous site down her arm to her fingertips. She expressed concern about the pain, and the nurses told her that it was a normal reaction to the drug.

The nausea continued despite the Phenergan injection, and the emergency room physician admitted Mrs. X into the hospital. Mrs. X's primary physician had been informed of Mrs. X's condition and had chosen to have the emergency room physician do the admitting. In addition to the gastrointestinal problems, Mrs. X continued to have severe and worsening pain in her left arm. Mrs. X was also examined by another physician on the day she was admitted. That physician's examination noted "acute gastroenteritis". His examination also noted that he doubted an acute abdominal or bowel obstruction and had ruled out the possibility of gastritis. The physician ordered continued hydration and intravenous antibiotics. His notes made no mention of the condition of Mrs. X's left arm.

The next day, May 3rd, the nurses noted that Mrs. X's pain had worsened, and that the arm was slightly hard and turning black and blue. Warm compresses were applied and the nurses measured and noted the circumference of her arm. Mrs. X's primary physician was notified of the pain in the left arm. Although the doctor did not visit the hospital to examine Mrs. X, the doctor did order a venous Doppler examination. That examination found no deep vein thrombosis. Mrs. X's problems were not the result of an intravenous injection. Her problems were clearly the result of the administration of Phenergan directly into her artery instead of into her vein. Even as her arm began to turn black and the pain continued to worsen, Mrs. X was not informed of the mistake. Later in the day, the hospital's physician ordered Demerol for what he noted as Mrs. X's "severe pain". The nurses continued to note the deterioration of her arm, and took pictures to document the condition.

Mrs. X's primary physician was informed of the worsening condition and, on May 4th, the physician asked for a consult with a vascular surgeon. Mrs. X was, by this time, receiving multiple doses of Demerol. The vascular surgeon examined Mrs. X that day, and instantly recognized that she was in danger of losing her arm. He immediately arranged for Mrs. X to be transferred via helicopter to another hospital where she was admitted for emergency surgery by an orthopedic surgeon. In examining the arterial structures of Mrs. X's left arm, he found and documented several needle puncture marks in the left antecubital fossa, which left little doubt as to the cause of Mrs. X's arterial injury.

For two days, from the initial interarterial administration of Phenergan when she questioned the severe pain in her arm, until the day she was examined by the vascular surgeon, Mrs. X was not informed of the negligent administration of the drug in her left arm. Nor was Mrs. X informed that Phenergan is an extremely caustic drug and, when placed in an artery, is capable of causing severe injury. Had Mrs. X been properly informed of the danger she faced when the treatment went awry, she and her husband would have immediately sought further consultation and care from proper specialists and facilities.

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After enduring five surgeries and numerous sessions of grueling physical therapy, Mrs. X's left arm is virtually useless. She has no strength or flexibility, and wears a splint for support. She remains in continuous pain, and must constantly guard her arm against even the most minor trauma to avoid magnifying that pain.

Mr. and Mrs. X charged the hospital, nurses, primary physician, emergency room physician, and general surgeon with responsibility for her injury, and asked attorney William A. Norton to represent them. Several of the parties have at this time reached a satisfactory and confidential settlement for damages and the medical costs incurred by Mrs. X. The legal action continues against the remainder of the parties responsible for Mrs. X's injury. ■