Peds Pearls

Allegations and Algebra?

Medication Malpractice

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It is said that are always two sides to any story and medical malpractice cases are no exception. The plaintiff's side is saying somebody screwed up. The defense's side is saying that everyone did the best they could and there is no fault to be assigned. While those two sides appear to be diametrically opposed, the truth may in fact lie somewhere in between, or the fault may rest with a third side of the story. So, perhaps we should say that there are always *at least* two sides to every story.

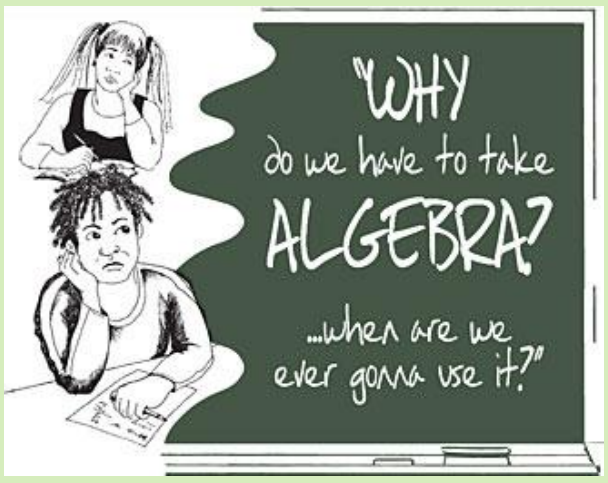
In the medical-legal arena, expert witnesses are called on to provide testimony as to what might have happened or what should have happened. Many expert witnesses have testified for both plaintiff and defense attorneys and the common thread is the pursuit of truth, whether it points to an avoidable error in judgement or action, or the conclusion that the healthcare providers did all that could be expected of them. Sometimes, the expert witness finds the third side of the story. Let's explore one such case.

Scenario...

A critically ill child was being treated in the emergency room and a peripheral IV (PIV) was successfully placed in the patient's foot. The nursing documentation indicated there was no swelling or signs of complication and that the site flushed easily. Prior to transferring the patient to a pediatric ICU, the PIV was capped and an intraosseous line placed into the tibia. During the short transport, the IO stopped functioning, the kid kept crashing, and the team started a dopamine infusion using the previously capped PIV site.

On arrival in the PICU, the child's foot was noted to be seriously swollen and nasty looking, so, the peripheral IV site was discontinued and a central line was inserted. The swollen and nasty looking foot later required extensive plastic surgery. Throughout the chart, it was assumed that the cause of the foot injury was the transport team's administration of dopamine into the "presumed to be infiltrated" peripheral IV.





Here's where the story gets really interesting and where the allegations meet the algebra. According to the documentation, the small child only received dopamine through the PIV site for 4-minutes prior to arrival in the PICU – at which time a central line was immediately placed. Something didn't add up. Time to do the math. Exactly how many milliliters of dopamine were given in the very short time that the PIV was being used? Using the infusion rate (mcg/kg/min) and the concentration (mg/mL) and the documented infusion time, the calculations revealed that the child received 0.08mL during the four minutes of PIV dopamine infusion. (Flashback to the documentation regarding the initial placement of the PIV and the flush that went in without incident). Given that the line was placed and flushed per standard procedures, does it make sense that less than 0.1mL of dopamine would cause a foot to be swollen and seriously messed up? Probably not.

So what would make sense? Was there a third side of the story that would reveal what most likely happened? Deeper examination of the nursing documentation revealed a single entry regarding the administration of a dose of IV calcium (big red flag!) It was specifically noted to have been pushed by the ER physician (big red flag!) using the PIV prior to the time that the intraosseous line was placed into the tibia. Could the calcium that the physician pushed prior to transport cause the foot to be swollen and seriously messed up? Absolutely!

Moral of the story

We can get sued for pretty much anything. And although we've been told many, many times, it bears repeating. Good documentation is your very best defense in the event the care that you provided gets questioned. As a nursing expert, it's a great feeling to do the detective work, to find in the ER nurse's documentation that one short note about the physician pushing calcium, and to be able to establish that the nurses in question did a really great job with a really sick kid!



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Contact us to have Scott DeBoer or one of our other pediatric experts present at your next conference.

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