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Infectious Disease Sample Case

Diabetic patient develops an infection from a tetanus injection.

The patient was a 57-year-old, obese, noninsulin dependent diabetic, who sustained a second-degree burn (blister) on her left wrist. Her last tetanus immunization was six years before, and therefore it was reasonable for her to receive a tetanus injection.

What did the Nurse use to sterilize her skin? Was the tetanus toxoid from a one-shot/prefilled syringe? Was it drawn up, via a needle, into a syringe by the nurse from a one-dose vial, or from a multi-dose vial? And, if so, was this the first dose withdrawn? How was the rubber stopper sterilized before the needle punctured it, and how was it refrigerated between uses? Was it used on other patients, and did it cause any infections in other patients?

If there were failure in any of these sterile techniques, then that would be negligence and markedly increase the risk of this patient developing her infection. Did the Board of Health conduct an investigation? If so, obtain their investigation report.

However, if all of the above was done properly, an infection developing at an injection site is not necessarily from negligence. There are germs in the skin sweat glands that are not always sterilized.

Her fever to 103 degrees and chills, plus blister formation at the site of the injection is consistent with an infection. However, the normal white blood count and differential smear (the type of white blood cells) are evidence against any severe infection, although diabetics do have a subnormal immune system and may not react with a significant rise in their white blood cells to a localized infection. Also, the two samples of her blood were evidence against a serious blood-borne bacterial infection (sepsis).

She was hospitalized for four days and received intravenous antibiotics (vancomycin). That hospital care was good.

She had a history of congestive heart failure and was seen in the emergency room two years earlier complaining of shortness of breath (S.O.B.), consistent with congestive heart failure. She was receiving a potent diuretic medication (Lasix) at the time in question.

In her statement of facts, she notes that she had disabling persistent pain for at least six months (to the present time). I have not seen the subsequent hospital records from Hospital #1 of 10/27 and 11/12, or the office records of Dr. #1 from 10/29 and 11/15. I have not seen the specialist's records from the Hospital #2 of 12/16 and 1/3 of this year.

Also, is anything visible now on her arm? If so, obtain close-up photographs from different views. Were any photographs obtained earlier? Send copies.

She complains of pain in the entire side of her body in which she received that tetanus toxoid injection. That does not make medical sense, in my opinion. She complains of pain in her ankle, leg, and hip; that also does not make medical sense with regard to an infection in her arm, in my opinion. Nor do the migraine headaches or inability to shop or pay her bills.

If she had developed an infection, and if she developed chronic pain at that site which was supported by subsequent evaluations (which I have not yet seen), then there would be "causation for that problem." If the Nurse failed to follow the sterile procedures I noted above, then there would be negligent care.

Please supply answers to all the questions I have raised, and all the missing records in order for me to finalize my opinions. Then I would probably recommend Experts in Nursing, Emergency Room Medicine, and possibly, Infectious Disease.