MALPRACTICE COUNSEL

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Inappropriate Use of Proparacaine

A woman went to an ED in Washington State with blurry, painful, and irritated eyes after sleeping with her contacts in. A technician or nurse attempted to examine her eyes. Proparacaine was administered to numb the eyes for examination. A doctor examined the patient's eyes and found a corneal abrasion.

The patient mentioned at discharge that her left eye was still quite painful. The nurse gave her the bottle of proparacaine used during her exam and told her to apply the medication to her eyes. The bottle did not contain any warnings or instructions for use. No warnings or additional instructions were provided by the nurse.

The patient used the drops in her left eye over the next few days and developed an ulcer. She used more of the drug as the pain increased. Finally, she went to her physician and was diagnosed with proparacaine toxicity.

When the patient returned to the defendant facility after this diagnosis, the nurse taking her history told her that she should not have been given proparacaine, took the bottle from her, and did not return it. The plaintiff suffered a severe corneal scar as a result of the ulcer caused by proparacaine.

Outcome

A confidential settlement was reached.

Comment

The problem in this case is not the action of the emergency physician, but rather the ED nurse. It is very appropriate (and even encouraged) to place a drop or two of a topical ophthalmic anesthetic (eg, proparacaine) in the eye of a patient complaining of pain. It can make the patient feel significantly better (eg, as in corneal abrasion or foreign body) and can facilitate a much better exam, such as obtaining an accurate visual acuity and performing a slit lamp examination. However, we never prescribe or give these medications to patients to take home, because of the high risk for abuse resulting in corneal toxicity and ulceration, as in this case.

In fact, the author had a case in his ED many years ago when a bottle of proparacaine was left in the patient's room after the exam, and the patient took the bottle without the knowledge of the ED staff. This resulted in a similar patient outcome, and the patient sued the ED for negligence. Ultimately, the case was dismissed.

However, it is best for all parties if providers do not leave topical ophthalmic anesthetics in a patient's room. The relief it provides can be too tempting for some patients. **FLC**

Failure to Diagnose Aortic Dissection

A 35-year-old man went to an Illinois hospital ED by ambulance with complaints of severe chest pain. He was evaluated by Dr. J., who discharged the man with a diagnosis of "abdominal pain—resolved." The man died from an aortic dissection (AD) six days later.

The plaintiff claimed that Dr. J. failed to ask the patient about how and where his pain had started. The plaintiff claimed that the pain had started in the chest and then moved to the stomach and back, which the plaintiff argued is a classic pattern for AD. The plaintiff claimed that CT should have been performed and that a diagnosis of AD would have saved the man.

The defendants claimed that AD is a rare condition, especially for someone in his 30s. The defendants argued that he was experiencing abdominal pain at the time he arrived in the ED and that he received proper work-up for that complaint. The defendants contended he reported that the pain had resolved and he was instructed to follow up with a physician within 24 hours.

Outcome

A $3.76 million verdict was returned.

Comment

When a patient presents with chest pain, most emergency physicians are very good at diagnosing or excluding acute coronary syndrome. But when ACS is not the cause, knowing when and how far to go in looking for uncommon diagnoses, such as aortic aneurysm, is much more difficult.

This is especially true when the patient is young. While an aneurysm may be less likely in this age-group than in others, missing it can lead to catastrophic consequences—and, partly because of the patient's age, enormous financial judgments or settlements.

Spending extra time obtaining a detailed history of onset, location, and duration of pain, followed by blood pressure determinations in all four extremities, may help point you in the right direction without routinely exposing large numbers of patients to unnecessary CT radiation. **NF**

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