



Medication errors

Iron injections

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Case histories are based on actual medical negligence claims, however, certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

Medication errors are a common cause of medical negligence claims against general practitioners. Despite their low frequency of use, intramuscular iron injections account for almost one-fifth of claims against GPs involving medication errors. These claims should be preventable. This article outlines the steps that GPs can follow in order to minimise the possibility of a claim arising from this area of practice.



Case history

A 38 year old woman consulted her general practitioner for treatment of iron deficiency anaemia secondary to longstanding menorrhagia associated with a uterine fibroid. The GP had referred the patient to a gynaecologist who recommended that the patient should undergo a myomectomy. The gynaecologist wrote to the GP and suggested the patient should be treated with intramuscular iron injections in order to correct the iron deficiency anaemia before surgery. The GP provided the patient with a prescription and administered five iron injections over the ensuing month. The initial injections were given in the patient's buttocks and, after the patient complained of pain at the injection sites, the subsequent injections were given in the patient's upper thighs. A few weeks later, the patient returned to the GP complaining of bruising at the injection sites (Figure 1). The GP examined the patient's thighs and buttocks and reassured her that it was only bruising and should resolve over the next month or so.

Twelve months later, the patient commenced legal proceedings against the GP alleging negligence in the administration of the iron injections.



Figure 1. Injection site

Medicolegal issues

In her claim against the GP, the patient alleged that the iron injections were not indicated and the GP had failed to warn her of the possibility of permanent skin staining and had failed to comply with the manufacturer's recommendations as to the manner in which the injections should be given. As a consequence, the patient

had permanent, disfiguring skin discoloration at the injection sites.

The defendant GP had not prescribed iron injections in the past and she was not aware that the injections could cause permanent staining of the skin. Similarly, the GP did not know the injections should be given by utilising a 'Z-track technique' of displacing the skin before puncturing so the needle track in the muscle tissues is

covered after removing the needle. This was despite the fact that this information was in the MIMS and also in the product information included with the ampoules. The GP expert opinion served with the claim noted that: 'a GP of average competence is expected to inform herself of the staining risk and its prevention by reference to the specific warning and remedy published by the manufacturer'.

An expert opinion obtained on behalf of the defendant GP confirmed that the 'pigmentation will be permanent and will constitute a permanent disfigurement'.

Based on these expert opinions, the claim was resolved for less than \$40 000 including legal costs. This sum reflected 'general damages' for the adverse cosmetic outcome of the course of iron injections.

Discussion

Medication errors account for approximately 15% of medical negligence claims against GPs.¹ The Australian Incident Monitoring Study performed in general practice found the most common types of pharmacological incidents were inappropriate drug, prescribing error, administering error and inappropriate drug dosage.² Medications frequently involved in medical negligence claims include:

- antibiotics - prescribing error - patients with a known allergy
- narcotics - inappropriate drug dosage and inappropriate drug
- NSAIDs - prescribing error - patients with a known history of peptic ulceration, and
- intramuscular iron injections - administering error and inappropriate drug.

The majority of these claims should be preventable.

Risk management

General practitioners can minimise the risk of a claim arising from the prescription and administration of intramuscular iron injections by:

- ensuring there are appropriate indications for the use of iron injections
- choosing the correct site of the injection - buttocks or thighs NOT the upper arm
- utilising the correct 'Z-track' injection technique as outlined in the product information sheet included with the ampoules
- warning the patient of the possibility of permanent skin staining even if all these precautions are followed.

SUMMARY OF IMPORTANT POINTS

- Medication errors account for approximately 15% of the total number of claims against GPs. One of the medications commonly involved in these claims is intramuscular iron injections.
- General practitioners should ensure they carefully review the relevant product information before prescribing and administering medications they are not familiar with.

References

1. UNITED Medical Protection. A review of 230 claims involving GPs that were notified to UNITED Medical Protection between January 1999 and February 2001.
2. Bhasale A L, Miller G C, Reid G C, Britt H C. Analysing potential harm in Australian general practice: an incident monitoring study. *Med J Aust* 1998; 169:73-76.

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