



## PATIENT SAFETY RESOURCES

# COMPLICATIONS FROM A SIMPLE PROCEDURE

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## DESCRIPTION

Shoulder injury after flu vaccine administration.

## KEY LESSONS

- Develop annual competencies to ensure that staff are up to date on current practice
- Identify a point person for the patient to contact following unexpected events.

## CLINICAL SEQUENCE

A 43-year-old, otherwise healthy, patient received their annual flu vaccine at their primary care physician's office. The flu vaccine was administered by a licensed practical nurse (LPN) via right deltoid muscle injection.

The patient had some initial tenderness at the injection site that progressed to not being able to lift their arm a few hours after the injection. The patient contacted the practice with complaints of right shoulder pain (using a pain scale of 1–10) their pain was an 8), which was not relieved with ibuprofen. They were instructed to call back if the pain did not improve.

Four weeks later, the patient was referred to orthopedics as the pain did not improve and they could not resume normal activities. The patient was diagnosed with shoulder bursitis. The patient was treated with steroid injections and physical therapy, and made a full recovery.

## ALLEGATION

The patient submitted a medical professional liability claim, alleging that improper technique of the vaccine administration caused their pain and shoulder injury.

## DISPOSITION

The case was settled in the low range. (<\$99,000)

## ANALYSIS

**Expert review determined that there was likely a deviation from the standard of care resulting in a shoulder injury.**

The standard of care is determined by medical experts. In this case, expert review determined that the deltoid injection was likely administered outside the standard of care, either too high or too deep, based on the description by the patient and the injury after the injection.

**Patients expect that medical staff administering vaccines or medications are trained on standard practice and they won't experience harm from their medical team.**

- Practices should be familiar with the scope of practice for all staff and develop annual competencies to ensure that staff are up to date on current practice. This provides an opportunity to identify any potential gaps in practice as well as learning opportunities that may prevent patient harm.
- Develop processes to review unexpected events. Identifying a point person for the patient to contact and to share learning opportunities or practice changes with the patient is important to rebuild trust.

## ADDITIONAL MATERIAL

[Vaccine Administration and Clinical Guidance](#)

[Medication Administration in the Ambulatory Setting](#)

[Understanding "Standard of Care"](#)

[Apology & Disclosure Content](#)

