Negligence in Careless Prescribing of Corticosteroids
A PPIC® Closed Claim Case Review by Heidi McCoy, MSN, RN, CPHRM, Director, Risk Services

Abstract

Prolonged use of systemic or topical steroids increases the risk of increased intraocular pressure (IOP), which may cause open-angled glaucoma. Increased IOP caused by prolonged steroid use is reversible, but the damage is not. The incidence of steroid-induced increased IOP is unmeasured, as most patients do not have their IOP checked. Increased IOP is often discovered during a routine eye exam while taking the medication, or if the glaucoma has progressed and the patient presents with visual symptoms.¹

Case Overview

This case involves a 43-year-old married woman with five children who worked as a CNA in nursing facilities and worked out of her home as an independent contractor. At the time of injury, she had been the defendant’s patient for many years.

The plaintiff had been experiencing eye irritation that she attributed to allergies. She sought care in April from a department store optometrist who prescribed Pred Forte, which she used regularly until September. At this time, she called her primary care provider (the defendant) for a prescription refill and received a prescription for Lotemax 0.5%, one drop four times daily for two weeks. The defendant telephonically permitted 23 refills without examining her. In May of the following year, the defendant prescribed a 28-day supply of Pred Forte with 11 authorized refills. There is no documented evidence that the defendant examined the patient during this time.

The plaintiff began experiencing vision problems in June; in July, an ophthalmologist diagnosed advanced steroid induced primary open-angled glaucoma.

The uninsured plaintiff reported she had never asked to be seen by the defendant because she didn’t want to pay for an office visit. The eye drops were helping, so she requested continuing the prescription. Because the patient was unable to reach the optometrist, she contacted the defendant’s office, communicating with the office assistant who obtained authorization from the defendant and called the prescription into the pharmacy. The plaintiff reported she thought the office assistant was a nurse.

Injury

Advanced steroid induced primary open-angled glaucoma.

Negligence allegations

Continuous prescription of steroid eye drops without any examination or monitoring of eye condition and pressure.

Expert Opinions

Plaintiff and defense expert witnesses criticized the defendant for failing to provide reasonable care. The defendant prescribed steroids with multiple refills over the phone without ever examining or referring her to a specialist for the management of the steroid eye drops and follow-up. The defendant also failed to counsel the plaintiff on the risks and benefits of the medication.

A defense expert specifically noted that the treatment was below the standard of care and that topical steroids should only be prescribed at a low dose for one to two weeks under the supervision of an ophthalmologist.
Standard of Care

This case was indefensible. The depositions of both the defendant and the office assistant indicated that the plaintiff spoke with the office assistant regarding the refills. The office assistant, who had no medical training, then obtained the defendant’s authorization to call the prescriptions into the pharmacy.

During deposition, the defendant admitted to not being familiar with Lotemax or Pred Forte and could not describe the risks or benefits of these medications. The defendant relies on the pharmacy for patient education.

Causation

The plaintiff had a preexisting diagnosis of histoplasmosis, but it is unlikely this would have significantly affected her vision in the near future. The plaintiff expert ophthalmologist opined that histoplasmosis could affect her vision as she ages, but most likely would not have resulted in the blindness she has experienced. Expert opinions agree that the plaintiff’s vision loss is directly related to the use of steroid-based eye drops.

Damages

Review of the plaintiff’s prior records indicates no glaucoma with vision correctable to 20/20 and 20/15. Plaintiff’s vision at the time of diagnosis was 20/400 with correction in one eye and blindness in the other. The expert ophthalmologist describes the plaintiff as legally blind. The plaintiff has tunnel vision and a complete lack of depth perception that affects her balance. She can neither drive nor work and receives disability benefits.

Outcome

This case settled for $1 million.

Risk Mitigation Strategies

Examine the patient, including physical condition, complaints, medical history, and current medications before prescribing new medications to determine benefits, risks, and possible contraindications.

- Be knowledgeable about the medications you’re prescribing. In this case, Lotemax manufacturer Bausch + Lomb recommends that the initial prescription and renewal of the medication order beyond 14 days should be made only after examination under magnification; if signs and symptoms fail to improve after two days, the patient should be re-evaluated, and if used for 10 days or longer, IOP should be monitored.²
- Monitor the patient’s response to medication.
- Timely refer patient to appropriate specialists.
- Be knowledgeable and stay current in your practice. This includes reviewing literature, consulting with other physicians and pharmacists, and participating in continuing medical education opportunities.
- Ensure that a policy and procedure is in place addressing prescription refills/renewals. Perform periodic audits to ensure compliance.
- Educate the staff regarding the policy and expectations. Complete education upon initial staff orientation, annually, and as needed.
- Educate the patient on risks and benefits of the medication. This includes providing verbal and written instructions.

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• Require all personnel, including healthcare professionals and office staff, to clearly identify themselves. This includes in written and other communications, such as telephone encounters. All personnel should wear name tags, preferably with a photo, that clearly identify their names, their roles, and, if appropriate, the type of licenses they hold. Check your state specific laws to ensure compliance.

Bibliography


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Prescription Refills - Mitigating Your Risk

A policy and procedure outlining specific guidelines regarding medication refills in your practice is an essential safety net for your patients and will aid in decreasing your liability risks. In the case above, had a policy regarding medication prescribing and prescription refills been in place and adhered to, the practice may have avoided a devastating claim.

A study of medication safety practices in 31 primary care office-based practices found that only 12% of the practices review the patient’s medical record prior to prescription refill, and 87% consult the physician prior to renewing a prescription. Another study found inconsistency regarding medication refill protocols and procedures in the review of 11 clinical practices in a five-state family medicine residency network, suggesting that residency programs may not be following best practices for prescription refill protocols and procedures for future family physicians.

It is in the best interest of your practice and your patients to develop, implement, and comply with a prescription refill policy. Consider including these elements:

• Identify the purpose of the policy (e.g., to streamline the prescription renewal process to promote patient safety and satisfaction).

• Identify which persons in the practice may authorize prescription refill.

• Develop a medication list that includes generic and trade names and identify a timeframe during which the patient must have had an office visit and/or a serum level in order to obtain that medication refill. Identify how to handle patients who have not been seen within the identified time. For example, a one-month supply of medication may be provided to a patient who has not been seen within the identified timeframe, but the patient must schedule and attend an office visit within that month before any additional refill is authorized.

• Identify circumstances that prohibit refills, e.g., if the last patient office visit is a No Show or the physician is not the original prescribing physician.

• Identify specific medications/medication classes that are not be automatically refilled, such as narcotics, benzodiazepines, antibiotics, and steroids.

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• Consider establishing specific times during business hours and allowing an identified number of days for processing and handling medication refills. Identify a time frame for prescription refills (e.g., please allow five to seven business days to process the request).

• Communicate expectations to your patients. This includes educating patients regarding your prescription refill policy, explaining what patients can expect from you, and specifying their responsibility.

• Document all prescriptions and refills in the patient's medical record. Include date, time, medication name, dosing, frequency, quantity dispensed, number of refills, provider authentication, and patient communication and education.

Bibliography:


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