

A–Z Iatrogenic Conditions (1–100)

— Alphabetized, With Short Descriptions

1. Adrenal Crisis from Steroid Withdrawal — Sudden cessation of long-term steroids can collapse cortisol production, leading to shock and fatal hypotension.
2. Adverse Drug Reactions (General) — Unpredictable or severe responses to medications cause organ failure, anaphylaxis, or lethal cardiac events.
3. Air Embolism from Line Placement — Improper IV or central line technique can introduce air into circulation and trigger sudden cardiovascular collapse.
4. Allergy Information Ignored → Anaphylaxis — Re-exposure to a known allergen causes airway closure and shock within minutes.
5. Anesthesia Overdose — Excess anesthetic agents depress breathing and circulation, leading to brain injury or death.
6. Anaphylaxis from Medications — Severe allergic reactions to drugs rapidly progress to airway obstruction and cardiovascular collapse.
7. Antibiotic-Induced *C. difficile* Colitis — Broad-spectrum antibiotics wipe out gut flora, allowing *C. diff* overgrowth that triggers toxic megacolon and sepsis.
8. Anticoagulant Overdose (Warfarin/DOACs) — Excessive anticoagulation leads to uncontrolled internal bleeding, especially intracranial hemorrhage.
9. Aspiration During Feeding or Sedation — Food or gastric content enters the lungs, causing fatal pneumonia or airway obstruction.
10. Bedsores (Pressure Ulcers → Sepsis) — Untreated pressure ulcers become deep infections that spread into bone and bloodstream.
11. Blood Transfusion–Associated Sepsis — Contaminated blood products introduce bacteria directly into circulation.
12. Burns from Medical Devices / Equipment — Faulty warming devices or cautery tools cause severe burns that become infected.
13. Cancer Overtreatment (False Positives → Harm) — Misdiagnosis results in unnecessary chemo, radiation, or surgery with potentially lethal complications.
14. Cardiac Catheterization Complications — Vessel rupture, arrhythmias, or stroke may occur during invasive cardiac procedures.
15. Central Line–Associated Bloodstream Infection (CLABSI) — Bacteria enter through central venous catheters, causing rapid sepsis.
16. Chemotherapy-Induced Neutropenic Sepsis — Immune suppression causes minor infections to become rapidly life-threatening.

17. Chemo-Related Cardiotoxicity — Certain drugs damage the heart muscle and create fatal arrhythmias or heart failure.
18. C. difficile Colitis (Hospital-Acquired) — Poor hygiene or antibiotic use leads to severe colitis that can perforate the bowel.
19. Cosmetic / Elective Surgery Complications — Even minor elective surgeries risk emboli, anesthesia events, and infections.
20. Contrast-Induced Nephropathy — CT/MRI contrast dyes injure the kidneys, sometimes triggering lethal renal failure.
21. CPR-Related Internal Injury — Forceful chest compressions can rupture organs or vessels in fragile patients.
22. Dehydration (Hospital-Induced) — Failure to hydrate leads to electrolyte collapse, kidney injury, and arrhythmias.
23. Delayed Diagnosis of Appendicitis / Bowel Perforation — Untreated ruptures cause peritonitis and septic shock.
24. Delayed Sepsis Recognition — Failure to identify sepsis early allows it to progress to multi-organ failure.
25. Device Failure (Implants / Pacemakers / Mesh) — Faulty implants cause infection, perforation, or sudden mechanical failure.
26. Dialysis Disequilibrium Syndrome — Rapid fluid shifts during dialysis cause brain swelling and seizures.
27. Dialysis Vascular Access Hemorrhage — Fistula or graft bleeding can be fatal if not controlled quickly.
28. Diagnostic Radiation Overload — Repeated CT imaging increases lifetime cancer risk, especially in children.
29. Digoxin Toxicity — Narrow therapeutic window causes dangerous arrhythmias and organ dysfunction.
30. Drug–Drug Interaction Fatalities — Combined medications create lethal arrhythmias, serotonin syndrome, or respiratory arrest.
31. Electrolyte Mismanagement (Hyponatremia) — Low sodium leads to brain swelling, seizures, and herniation.
32. Electrolyte Mismanagement (Hyperkalemia) — High potassium disrupts cardiac conduction and causes sudden cardiac arrest.
33. Electrolyte Mismanagement (Hypokalemia) — Low potassium triggers arrhythmias and muscle paralysis affecting breathing.
34. EMR Medication Order Errors — Mistyped electronic orders lead to dosing errors or wrong drug delivery.
35. Excess IV Fluids → Pulmonary Edema — Overhydration floods the lungs and precipitates respiratory collapse.
36. Excessive Diuresis → Shock / AKI — Overuse of diuretics drops blood pressure and kills kidney function.
37. Failure to Escalate Care — Keeping a deteriorating patient off the ICU leads to preventable death.
38. Failure to Monitor Post-Op Patients — Missed vitals allow internal bleeding or respiratory failure to go unnoticed.
39. Failure to Turn or Reposition Patients — Immobility causes pressure injuries that become infected.

40. Falls in Hospital (Sedation-Related) — Medication-impaired patients fall and suffer fatal head trauma.
41. Feeding Tube Misplacement (Into Lungs) — Feeding into the airway causes chemical pneumonia and respiratory failure.
42. GI Bleeds from NSAIDs / Anticoagulants — Medication-induced ulcers rupture and cause rapid blood loss.
43. Hemolytic Transfusion Reaction — Mismatched blood triggers massive immune reaction and kidney failure.
44. Heparin-Induced Thrombocytopenia — Immune reaction to heparin causes clotting or bleeding catastrophes.
45. Hospital-Acquired Malnutrition — Failure to feed debilitated patients leads to fatal weakness and infection.
46. Hospital-Acquired Pneumonia — Resistant organisms infect the lungs, often fatally.
47. Hospital-Induced Hypothermia / Hyperthermia — Poor temperature management leads to organ failure.
48. Hyperglycemia from Steroids — High glucose worsens infections and delays wound healing.
49. Hypoglycemia from Insulin Overdose — Severe low blood sugar causes seizures, coma, and death.
50. ICU Delirium → Self-Extubation / Line Pulling — Confused patients pull out airways or lines, leading to rapid decline.
51. Immunosuppressant-Induced Opportunistic Infections — Weakened immunity allows fungal or viral infections to overwhelm the body.
52. Inadequate Post-Operative Monitoring — Lack of surveillance misses early complications.
53. Incompetent or Rushed Resuscitation — Poor CPR technique reduces survival chances.
54. Incorrect Triage (ER Misclassification) — High-risk patients are mislabeled as low risk and deteriorate.
55. Infection from Surgical Site — Post-op pathogens invade wounds and trigger sepsis.
56. Inflammatory Response to Medical Devices — Body rejects or reacts to implants, causing systemic illness.
57. Insulin Overdose (Hospital Error) — Overcorrection of blood sugar causes fatal hypoglycemia.
58. Intubation Failure / Esophageal Intubation — Airway placed incorrectly leads to hypoxia and arrest.
59. Iatrogenic Heart Failure (Drug-Induced) — Certain medications poison the heart muscle.
60. Iatrogenic Liver Failure (Drug-Induced) — Medications overwhelm liver function and lead to systemic collapse.
61. Iatrogenic Organ Perforation (Endoscopy) — Scope perforation spills intestinal contents into the abdomen → sepsis.
62. Lithium Toxicity — High levels cause kidney failure and fatal arrhythmias.
63. Line Misplacement (Central / PICC) — Mislaced tips cause vessel rupture or infusion into wrong tissues.
64. Malnutrition (Failure to Feed Patients) — Inadequate nutrition accelerates decline and susceptibility to infection.
65. Mechanical Ventilation-Induced Barotrauma — Excess pressure bursts lung tissue.

66. Medication Errors (Wrong Drug/Wrong Dose) — Human error can instantly trigger fatal events.
67. Misdiagnosed Aortic Dissection — Missed diagnosis leads to catastrophic rupture.
68. Misdiagnosed Myocardial Infarction — Failure to identify heart attacks leads to fatal arrhythmias.
69. Misdiagnosed Pulmonary Embolism — Missed clots cause sudden cardiovascular collapse.
70. Misdiagnosed Stroke — Delay in treatment causes extensive brain injury.
71. MRSA / Resistant Hospital Infections — Drug-resistant bacteria cause sepsis difficult to treat.
72. Neonatal Overexposure to Oxygen — Excess O₂ damages tissues and triggers complications.
73. Neuroleptic Malignant Syndrome — Reaction to antipsychotics causes rigidity, fever, and organ failure.
74. Nosocomial Sepsis — Hospital-acquired bloodstream infections cause multi-organ collapse.
75. NSAID-Induced Kidney Injury — Common pain meds impair kidney filtration and cause fatal electrolyte imbalance.
76. Opioid Overdose (Hospital Administered) — Sedation plus opioids leads to respiratory arrest.
77. Over-Aggressive Blood Pressure Lowering — Excessive treatment triggers stroke or organ hypoperfusion.
78. Over-Sedation in Elderly — Sedatives impair breathing and increase fall risk.
79. Overuse of Broad-Spectrum Antibiotics — Leads to resistant infections and gut flora collapse.
80. Pacemaker Lead Perforation — Leads puncture the heart and cause tamponade.
81. Physical Restraint Complications — Strangulation, asphyxia, or rhabdomyolysis occur with improper restraint.
82. Polypharmacy-Induced Delirium — Multiple medications cause confusion → falls, aspiration, decline.
83. Post-Surgical Internal Bleeding — Undetected hemorrhage causes shock.
84. Premature Discharge of Unstable Patient — Patients deteriorate without monitoring.
85. Pressure Ulcers (Neglect-Related) — Deep tissue injury leads to infection and sepsis.
86. Procedural Sedation Outside OR → Arrest — Lack of proper airway backup leads to cardiac arrest.
87. QT-Prolonging Drug Combinations → Torsades — Certain meds dramatically increase risk of fatal arrhythmias.
88. Radiation-Induced Cardiac Fibrosis — Radiation damages heart tissue long-term.
89. Radiation-Induced Pneumonitis — Inflammation of the lungs after radiotherapy can be lethal.
90. Retained Surgical Instruments — Forgotten tools cause chronic infection or acute sepsis.
91. Sedation-Induced Hypoxia — Excess sedatives prevent adequate breathing.
92. Serotonin Syndrome — Drug interaction causing high fever, rigidity, and organ failure.
93. Surgical Site Infections — Deep infections can rapidly lead to sepsis.

94. Surgery on Frail Patients Without Risk Evaluation — Physiologically fragile patients may not survive complications.
95. Systemic Cascade Iatrogenesis — One error snowballs into multi-organ failure.
96. Tension Pneumothorax (Iatrogenic) — Lung puncture traps air under pressure and collapses circulation.
97. Theophylline / Narrow-Window Drug Toxicity — Small dosing errors trigger seizures and arrhythmias.
98. Transfusion-Related Acute Lung Injury (TRALI) — Immune reaction causing rapid respiratory failure.
99. Ventilator-Associated Pneumonia — Long-term ventilation breeds lethal infections.
100. Wrong Diagnosis → Wrong Treatment — Misidentifying illness leads to treatment that directly worsens or kills.