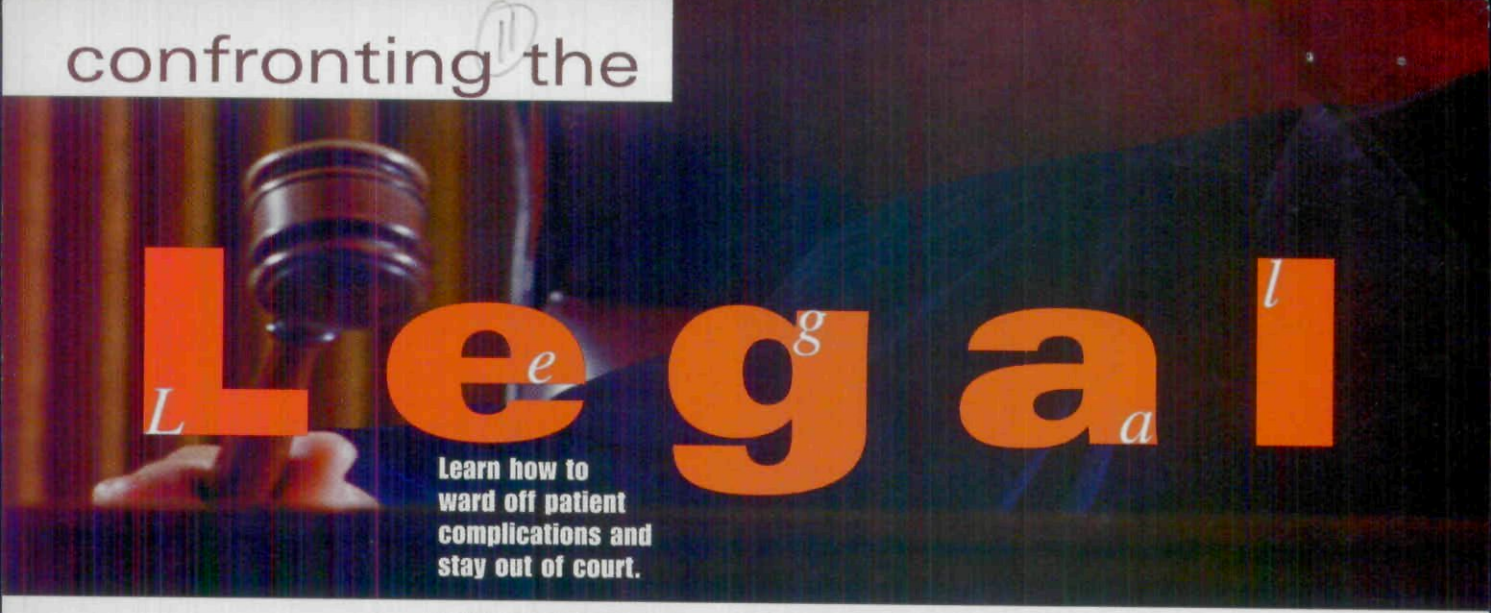

confronting the Legal

Learn how to ward off patient complications and stay out of court.

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YOU'VE RECEIVED an order to administer intravenous (I.V.) therapy to your patient. As your mind swims with thoughts about catheter gauge, the solution to infuse, and finding a suitable vein, consider this unnerving fact: Complications from what you're about to do could be the basis for a negligence lawsuit.

In this article, I'll tell you about the legal perils surrounding I.V. therapy. I'll explain how you and your facility can minimize the risk of being sued and explore what you should know if you are. (For more information, see "What You Need to Know about Negligence Lawsuits," *Nursing2000,* February.)

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Compound risks

Up to 90% of patients who require health care services need some form of I.V. therapy. Unfortunately, many hospitals have done away with I.V. teams, so you may be responsible for inserting and maintaining I.V. lines even if you're inexperienced or have limited opportunities to keep your skills sharp.

Administering drugs is a major pitfall of I.V. therapy. Medication errors in general account for 2 in every 1,000 hospital deaths and are a frequent cause of malpractice suits. The most frequent medication errors are incorrect dose, wrong drug, and improper technique (such as improper dilution or administering a drug too quickly). Even if you aren't responsible for a medication error, you're the last link in the administration process and could be accused of a breach of duty if someone else makes a mistake and your patient is injured.

Whenever you administer I.V. therapy, you must know and conform to acceptable nursing standards established by your facility as well as state and federal guidelines. (See *Staying Abreast of the Standards of Care* for a comprehensive list.) As the basis for your practice, these standards would be used as benchmarks in the courtroom if you were sued.

Learning about acceptable I.V. practices is an ongoing process. You're expected to regularly update your knowledge, skills, and competency by learning about the latest I.V. professional practices: Review the professional literature, attend classes and seminars on I.V. therapy, get certified, and apply your knowledge and skills to your everyday nursing practice.

Documentation do's and don'ts

When an I.V. lawsuit is argued in court, top-notch I.V. skills don't mean much unless they're backed up by appropriate, accurate, and concise documentation. Unfortunately, documentation is where many nurses fall short. (To ensure that you include all you should when you document I.V. therapy, see *Putting It in Writing.*)

Here are some do's and don'ts to help you describe your I.V. practices.

- ***Do*** document only what you observed firsthand, what the patient said, and what was done—not opinions.
- ***Do*** use the word "observed" instead of "noted," which could mean something was written in the medical record.
- ***Do*** write "No I.V.-related complications observed" to document your assessment of a complication-free venous access site. If you include specific observations, such as "no redness or swelling," and not others, you could be accused of skipping some assessments.
- ***Do*** give details about complications—nursing interventions, physician orders, patient comments regarding the complication, and the patient's response to treatment.
- ***Do*** document the catheter length when removing a peripheral venous access device or percutaneous central venous catheter.
- ***Don't*** write "good blood return" to document a peripheral venipuncture. Because blood return with a peripheral I.V. doesn't necessarily confirm catheter placement, the significance of your statement could come under scrutiny.

perils of I.V. Therapy

• ***Don't*** document "Patient tolerated the procedure well." The court may view this as your opinion and ask how you reached the conclusion. A better approach is to write the patient's own words, in quotation marks, such as "That wasn't so bad."

• ***Don't*** write "catheter tip intact" when you remove a peripheral venous access device. Unless you examined it under a microscope, you can't legitimately make this statement.

• ***Don't*** rely solely on charting by exception or check-off flow sheets to document. They don't prove proper patient assessment and may not hold up in court.

Staying abreast of the standards of care

Adhere to these guidelines to safeguard your I.V. practices.

- Know venous anatomy and physiology and appropriate vein selection sites.
- Use I.V. equipment appropriately, including appropriate catheter gauge and length for the vein selected.
- Clarify unclear orders and refuse to follow orders you know aren't within the scope of safe nursing practice.
- Know the infusion indications, adverse responses, and special precautions or considerations for I.V. medications.
- Administer the medications or infusions at the proper or prescribed rate and within the ordered intervals.
- Assess the patient and monitor the I.V. site for complications; properly care for and maintain I.V. catheters. Promptly notify the physician of I.V. or other complications.
- Know and give appropriate treatments for complications.
- Provide proper patient education.
- Document all aspects of I.V. therapy, including patient teaching.
- Follow your institution's policies and procedures.
- Abide by your state's nurse practice act and national standards of I.V. practice, such as the Intravenous Nurses Society Standards of Practice and guidelines from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.
- Keep abreast of appropriate established research related to I.V. therapy.

Team effort

Besides your individual efforts to ensure I.V. safety and document appropriately, your employer can help reduce the number of mishaps by using specially prepared I.V. teams. For example, a recent study in a Chicago hospital showed that I.V. team nurses got better outcomes than nurses who weren't specially prepared. The I.V. team nurses successfully inserted 81% of peripheral catheters with one stick. Furthermore, the lines they placed had a local complication rate of 7.9% and a multiple-complication rate of 1%; those placed by nurses who weren't part of the I.V. team had a local complication rate of 21.7% and a multiple-complication rate of 6.5%. Other studies have produced similar results.

Another way your facility can improve I.V. practices is to pay careful attention to the following documents:

• ***I.V. policies and procedures*** should conform to Intravenous Nurses Society (INS) standards. The facility should keep outdated manuals for 5 years in case they're subpoenaed in a malpractice suit.

• ***A patient's bill of rights*** must be clear and readily available to all patients. If you were to perform a procedure, such as inserting a peripheral venous access device, against a patient's will, you'd violate her right to refuse treatment and you and the facility could be found negligent.

• ***Patient-teaching checklists*** are excellent tools for documenting any instructions to the patient, including

discharge teaching. For example, a discharge instruction sheet signed by you and the patient can be a potent defense weapon in court. Make sure the patient receives a copy of any teaching checklist you use.

• ***Informed-consent forms*** for I.V. therapy are uncommon, but an I.V. legal nurse-expert recommends using them. Informed consent is required for other invasive procedures, such as a central venous catheter placement, so why not for peripheral venipunctures? A signed consent form spelling out the frequency of I.V. catheter changes, the length of the infusion, possible complications, and available options would carry more weight in court than testifying about verbal consent. If your facility doesn't require signed consent for I.V. therapy, advocate for a change.

• ***A clinical validation skills checklist*** to verify nursing competency can work against the clinical educator who signs it. If the nurse he taught is sued for breach of duty related to those skills, he and the institution could be held liable.

If you teach other nurses, make sure the clinical validation skills checklist conforms to INS and facility guidelines. Hold the nurses to high standards of care. And sign the checklist only if you feel confident with a nurse's level of care and competency.

Putting it in writing

Here's what to document when you insert a peripheral I.V. line:

- the specific location and condition of the vein accessed
- the type of venous access device and the brand, length, and gauge
- the number of venipuncture attempts (even if only one)
- date, time, and name of the nurse performing the venipuncture
- the type of solution or medication administered
- the type of infusion (continuous, intermittent, I.V. bolus)
- the method of administration (via pump or gravity) and the infusion rate; "keep vein open" or "KVO" isn't acceptable
- type of equipment used, including the pump name and model number
- quotes from the patient regarding the procedure.

Coming to terms with testimony

What if the worst happens and you're involved in a lawsuit involving I.V. therapy? Count on being asked some tough questions at the deposition and in court. You might be asked to discuss vein anatomy and physiology and your reasons for choosing certain insertion sites and techniques. Practice fielding questions with your attorney so you'll come across as professional when you testify.

For example, use scientific terms to name and identify the location of veins. "I started the I.V. in the patient's left hand" might be interpreted as inserting it in her tissue rather than a specific vein; a better response would be "I inserted the I.V. catheter in the dorsal metacarpal vein of her left hand." A rationale such as "I always use that catheter size" doesn't sound profes-

Experts speak out

Here are selected questions and answers from an informal poll conducted on an Internet mail service. All of the 15 respondents work as I.V. specialists and most are certified I.V. registered nurses (CRNI).

Why is I.V. therapy a liability for nurses?

- The rules aren't black-and-white....Each state has its own rules and regulations.
- The average nurse doesn't get enough I.V. experience to become comfortable or proficient with all aspects of therapy.
- Entering the bloodstream with a foreign object and infusing medications and fluids have great potential to cause life-threatening complications.
- The related injuries can be drastic, disfiguring, even fatal.

What are common I.V. causes for malpractice litigation for nurses?

- infiltration and phlebitis
- fractured central venous catheters
- nerve injury, infiltration, and extravasation
- administering the wrong drug

What do you do if a complication arises?

- Keep the patient informed without making the situation sound desperate, document every action taken to prevent negative sequelae from the complication, fill out an incident report.
- Document the complication appropriately and thoroughly.
- Don't feel threatened. Inform the patient of the adverse outcome, why it happened, what I can do about it, and what to expect from the action.

What are some documentation pitfalls of I.V. therapy?

- Don't write "incident report completed" or "patient tolerated procedure well." Use direct patient quotes whenever possible.
- Many nurses don't document failed insertion attempts, needle gauge, or dressing applied.
- Documentation suffers because of lack of time.

Have you implemented any safeguards in your practice because of I.V. liability issues?

- I always refuse to do something if I'm not trained to do it.
- I teach and practice the importance of good patient and family teaching and obtaining informed consent.
- I make sure I'm informed of new medications and procedures.

What are your biggest concerns about I.V. liability?

- Some charting forms that outline standards of care don't list actions to take if conditions fall outside the standards.
- Returning the I.V. specialist to a specialist role would decrease liability for the hospital and the practitioner and generate more positive outcomes for patients.
- We need continuing education more than ever.

sional either; show that you had a scientific reason for your actions by saying "I chose the smallest catheter size available to promote hemodilution of the infusate and blood flow around the catheter and to prevent trauma to the wall of the vein."

Here are more questions you could be asked:

- What was the anatomic location of the catheter tip?
- What standards did you follow to monitor the venous access device for complications?
- How did you determine that the device was functioning properly?
- When did you recognize the signs and symptoms of the complication?
- What nursing actions did you take when you recognized the problem?

By giving appropriate, intelligent, and credible answers, you appear self-confident and show the court that you understand proper nursing practice.

When you picture yourself testifying in court, are you haunted by thoughts of incident reports you completed? State laws vary on whether an incident report can be used as court evidence, but generally it isn't needed because the information is available through other sources, such as the medical record, the I.V. documentation sheet, or other nurses' testimony.

A good rule of thumb is to never mention an incident report in the patient record. If you do, a plaintiff's attorney could try to have it admitted as evidence. Never include secondhand information, opinions, accusations, excuses, or suggestions for how to prevent future incidents in an incident report; they can be used against you if you're sued.

You might also wonder if having your own malpractice coverage increases the chance of a judgment against you. Rest assured that it doesn't; in fact, most states call for dismissing the case if the jury finds out you have individual coverage.

Positive outcomes

When you administer I.V. therapy, you not only need competence in many areas, but you also need to keep in mind how your actions could be interpreted in the courtroom. By staying on top of current nursing policies and procedures, applying them to your practice, and documenting thoroughly and carefully, you'll give quality patient care and minimize your chance of having a negative outcome in court.

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Guideline for Prevention of Intravascular Device-related Infections
http://www.cdc.gov/ncidod/hip/iv/iv.htm

Intravenous Nurses Society
http://www.ins1.org

Oregon Health Sciences University (to subscribe to I.V. bulletin board)
http://www.ohsu.edu/hosp-IVTherapy/index.html

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