



## Current Trends In IV Nursing Malpractice

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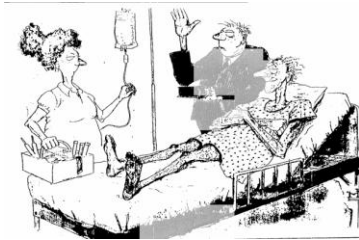
## Objectives

- ◆ Upon completion of this Program the nurse will be able to:
  - ◆ Describe the elements of professional malpractice
  - ◆ Describe 3 strategies to minimize risk of suit
  - ◆ Discuss nursing actions that can change the outcome of litigation



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"I'm Mr. Bagley's attorney. Do you promise to hit the vein, the whole vein, and nothing but the vein, so help you God?"

## Malpractice

- ◆ Three elements of Malpractice:
    - ◆ Negligence
      - ◆ Duty
      - ◆ Breach of Duty
      - ◆ Proximate Cause
    - ◆ Injury
    - ◆ Damages
- All three must be present to constitute malpractice!**

## Duty

- ◆ Nurses have an almost irrefutable duty to care for their patients!
  - ◆ Duty is normally not an issue because the nurse, as a condition of employment, has agreed to the assignment.



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## Negligence

- ◆ "Negligence" is the failure of a nurse to act as a reasonably prudent person under the same or similar circumstances, which causes or results in harm to the patient.



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## Categories of Negligence Allegations

- ◆ Failure to follow standards of care
- ◆ Failure to use equipment appropriately
- ◆ Failure to communicate
- ◆ Failure to document
- ◆ Failure to assess and monitor
- ◆ Failure to act as a patient advocate

## Standards of Care

- ◆ The ordinary and reasonable care required to ensure that no unnecessary harm comes to patients
- ◆ Provide criteria for determining whether a nurse has breached duty in the care owed to the patient
- ◆ Derived from various sources:
  - ◆ Nurse Practice Acts
  - ◆ Policies and procedures
  - ◆ Professional organizations
  - ◆ Authoritative texts/documents

## Case Study

A patient in Illinois sued both the hospital and the M.D. for IV burns caused by the direct injection of 75 mg of promethazine HCl into the IV tubing. An hour after the injection (at 8:30 p.m.) the patient complained of pain and swelling, but the IV was not removed until 1:00 a.m., after the second of 2 liters of IV fluid had infused.

An incident report filed the following day stated that the insertion site was discolored, hard, and swollen. A medical progress note described ecchymosis extending from 3" above the patient's elbow to 2" above the wrist. The patient later needed debridement and skin grafts.

Instructions supplied by the drug's manufacturer stated that no more than 25 mg of the drug should be given IV push and an 50 mg should be given only when mixed with an equal amount of saline solution. Package labeling indicated that extravasation can cause severe chemical injury. The plaintiff's medical expert testified that promethazine given directly into IV tubing can break down the vessel wall and allow the drug to leak into the surrounding tissue.

## Personal Liability

- ◆ Every practitioner responsible for their own (tortious) actions:
  - ◆ "Just following doctor's orders" is not a valid defense!
  - ◆ It is the nurse's responsibility to know whether or not an M.D. order is "proper" through appropriate knowledge and experience
    - ◆ Don't presume the pharmacist already questioned the order and verified it! They aren't carrying out the order at the bedside!
  - ◆ Supervising nurses can also be held liable for their subordinates' actions: they should know if the supervised nurse is competent to perform assigned duties without supervision!

## Responsibilities

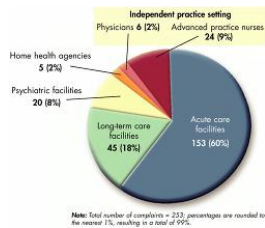
- ◆ Healthcare Organizations:
  - ◆ Policies & Procedures
  - ◆ Infusion Program
  - ◆ Regulations & Guidelines
- ◆ Nurses:
  - ◆ Safety
  - ◆ Administration of IV Therapy
  - ◆ Evaluation
  - ◆ Documentation
  - ◆ Supervision of staff providing care to patient with IV

## Unlicensed Assistive Personnel

- ◆ RNs are the only team members who may practice professional nursing and delegate nursing acts
  - ◆ RNs retain ultimate responsibility, accountability & liability for delegated care
  - ◆ Organizational policies and job descriptions requiring UAP to perform nursing tasks, cannot contradict nurse practice acts
  - ◆ Only nurses can perform activities related to the nursing process, require specialized skill, expert knowledge, or professional judgment cannot be delegated.

## What care settings are at highest risk?

- ◆ Hospitals – 60%
- ◆ LTC – 18%
- ◆ Psychiatric settings – 8%
- ◆ Home care – 2%
- ◆ Private Practice – 2%
- ◆ APRNs – 9%



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## Documentation

- ◆ IV started/site rotation
- ◆ Dressing changes
- ◆ Tubing changes
- ◆ Adding new containers of fluid
- ◆ Change in orders
- ◆ Site checks
- ◆ Medication administration
- ◆ Complications
- ◆ Volume inclusion
- ◆ IV Discontinued



## Electronic Medical Records

- ◆ Drop downs and templates frequently omit necessary fields
- ◆ Nurses still need to complete documentation in narrative section



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## Defensive Documentation (1)

- ◆ Write legibly
- ◆ Use only approved abbreviations
- ◆ Date and time entries
- ◆ Document contemporaneously
- ◆ Use correct spelling, grammar, punctuation
- ◆ Document patient responses to all treatments, medications, etc.
- ◆ Document all patient/family teaching and their restatement of same

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## Defensive Documentation (2)

- ◆ Make factual, not subjective entries
- ◆ Do not leave blank spaces
- ◆ Fill out all areas of forms
- ◆ No erasures, "white out" or cross-outs
- ◆ Document all transfer and referral information
- ◆ Complete consents/note refusals of treatments

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## Defensive Documentation (3)

- ◆ Make any corrections in accordance with organizational policy and procedure
- ◆ Document all communications with other members of the healthcare team, families, etc.
- ◆ Check to be sure you have the correct chart before you begin writing!
- ◆ Don't chart a symptom such as 'c/o discomfort @ I.V. site', **without also charting what you did about it, and the effects your actions had!!**

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## Documentation red flags

- ◆ Lack of documentation!
  - ◆ If it wasn't documented, it wasn't done!
- ◆ Cliches
  - ◆ "Site WNL"
  - ◆ "Infusing well"
  - ◆ "tolerated procedure well"
- ◆ Late Entries/redactions
  - ◆ Stretch credibility with jurors
  - ◆ Polled jurors in record 2010 GA case identified late entries as a key reason for verdict

## Documentation that works

- ◆ anatomical name of accessed veins for venipuncture and phlebotomy
- ◆ site assessment
- ◆ nursing intervention
- ◆ physician intervention
- ◆ "quote" the patient's comments
- ◆ "no sign of IV complications observed"

## Top causes of action

- ◆ Extravasation
  - ◆ Peripheral
    - ◆ Phenergan
  - ◆ Central
    - ◆ Tip malposition/catheter fracture
- ◆ Failure to monitor
  - ◆ Shields v. Holy Redeemer
- ◆ Nerve injury
- ◆ Air embolism

## Yardstick by which infusion care is evaluated

- ◆ Infusion Nurses Society Standards of Practice
- ◆ Guidelines for Prevention Of Intravascular Catheter-Related Infections: Centers for Disease Control & Prevention
- ◆ P/P of employing entity
- ◆ Texts: Plumer's, Lippincott, Gahart & Nazareno, INS Textbook

## Extravasation

"The inadvertent administration of a vesicant solution or drug into the tissue rather than it infusing in the vessel as was intended."

## Vesicant

"A solution or drug that causes the formation of blisters with subsequent sloughing of tissues resultant of necrosis."

## Case citations

- ◆ Potassium Chloride
- ◆ Vincristine
- ◆ Phenergan



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## Extravasation

- ◆ KCl most common vesicant involved in pediatric extravasation cases
- ◆ Improperly admixed drugs can result in extravasation injuries



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## Extravasation

- ◆ Vincristine
  - ◆ Treat with heat, not cold
  - ◆ Differentiate between venous flare and extravasation



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## Extravasation

- ◆ Phenergan
  - ◆ Peripheral extravasation accounted for over 3000 nursing malpractice cases filed in 2003 in U.S.
  - ◆ Still first-line anti-emetic in many EDs
    - ◆ Cheaper than Zofran
  - ◆ Best route of administration deep IM
  - ◆ Issue not dilution as much as pH



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## Phenergan extravasation



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## Phenergan extravasation



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## Extravasation Strategies

- ◆ Document patency and free flowing blood return
- ◆ Check blood return intermittently during administration
- ◆ Observe site throughout and after administration
- ◆ Know and follow Standards of Practice and manufacturer's instructions for use

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## Nerve Trauma

- ◆ Understanding risk of occurrence – known complication with “blind sticks”
  - ◆ Standard now recommends use of imaging device, ie, ultrasound
- ◆ Potential Consequence: Neuroma - Complex Regional Pain Syndrome
- ◆ Anatomical intravenous site implications
  - ◆ Radial vein, antecubital fossa high risk sites

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## Case report

- ◆ CRPS after venipuncture for lab draw



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## Needle/Nerve contact

- ◆ Signs/Symptoms
- ◆ Initial nursing intervention
- ◆ Medical evaluation

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## Compression Nerve Injury

- ◆ Etiology
- ◆ Signs and symptoms
- ◆ Potential consequences
- ◆ Treatment



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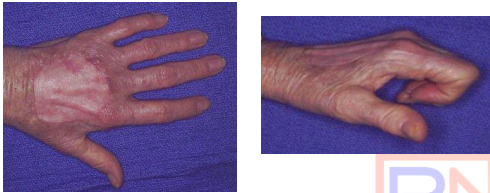
## Large extravasation w/compartament syndrome



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## Large infiltration w/compartment syndrome



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## Septic Thrombophlebitis/Sepsis

Consequences:

- ◆ Extended hospitalization
- ◆ Potential death

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## Failure to monitor

- ◆ Patient received Remicade for RA despite presenting with fever and cough
  - ◆ No Chest X-Ray
  - ◆ No current labs
- ◆ Developed PCP and required subsequent hospitalization x4 weeks

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## Air emboli

- ◆ Air emboli associated with VADs is probably underestimated
  - ◆ Signs and symptoms are nonspecific and transient
  - ◆ Greatest number occur during tubing disconnection
  - ◆ Death rate is reported between 23% to 32%
- ◆ Air emboli to brain by several pathways leads to neurological complications
  - ◆ Death in 6 of 26 (23%) of patients
  - ◆ Severe neurological deficits in 9 of 26 (35%) patients
  - ◆ Survival with good outcomes in 10 of 26 (38%)
- ◆ Injury and death are related to
  - ◆ Volume and rate of air entry
  - ◆ Underlying cardio-respiratory status
  - ◆ Patient's position

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## Case Citations

- ◆ 58 year old patient with broken CVAD

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## Central Venous Catheter Tip malposition

- ◆ Use of PICC line for adriamycin without chest x-ray verification
- ◆ Pt. complained of coolness on flushing port – later found to be fractured. Received Cisplatin, which lead to necrosis and sloughing
  - ◆ No blood return, “as usual” for this patient
- ◆ 7 figure awards not uncommon

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## Central Venous Catheter damage

- ◆ Frequency
- ◆ Factors which increase risk for litigation
  - ◆ Loss of blood return
  - ◆ Pt. complains of burning on infusion
- ◆ Competency level of care provider often an issue
  - ◆ Chemo certified (ONS)
  - ◆ Ongoing competency
  - ◆ Delegation to LPNs/CNAs
  - ◆ Pt./family teaching documentation
    - ◆ Include follow up teaching



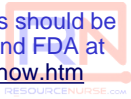
## Catheter fracture case

- ◆ Pressure injector used for CT w/contrast on non-pressure rated port
- ◆ Unable to retrieve via fluoroscopic use of snare
  - ◆ Thoracotomy
  - ◆ \$1.1M



## Product Problems

- ◆ Risk is elevated by inappropriate use of medical equipment
- ◆ Nurses and other HCWs are obligated to report malfunctions internally, to the manufacturer, and FDA within 10 days of injury or death
- ◆ All medical device malfunctions should be reported to the manufacturer and FDA at <http://www.fda.gov/medwatch/how.htm>



## Case citation

- ◆ Nursing negligence precluded manufacturer liability in infant



## Protect yourself!

- ◆ Professional liability insurance
- ◆ Maintain all proof of training and CE
- ◆ Document to reflect whole picture
- ◆ Professional board certification in specialty
- ◆ Keep up with the literature
- ◆ Be nice!



## Questions???

