Introduction to IV Therapy: Roles, Responsibilities, and Legal Issues

Learning Objectives

1. Define homeostasis and describe the importance of maintaining homeostasis in the human body.
2. Describe the ethical responsibilities of an EMT.
3. Explain the importance of professionalism for the EMT.
4. List and describe the characteristics of a good leader.
5. Describe the scope of practice for the EMT.
6. Explain the need for a standard of care.
7. List and describe legal issues of concern to the EMT.
8. List and describe the four items that are required to prove negligence.
9. Compare and contrast malfeasance, nonfeasance, and misfeasance.
10. Explain the importance of obtaining a release waiver should a patient refuse treatment.
11. List and describe three types of advance directives and explain the EMT’s role in carrying out these directives.
Introduction

Intravenous (IV) therapy is one of the most invasive procedures an EMT learns. Few procedures in Emergency Medical Services (EMS) require more training or practice. Proficiency in IV therapy and technique is required for most procedures administered in advanced life support (Figure 1-1).

A medical problem of any type alters a person’s established balance among the systems of the body. This balance, called homeostasis, produces optimal physical performance. It is the job of health care providers to fully assess a patient and to find and treat life-threatening injuries and illnesses that alter homeostasis. Emergency Medical Technicians (EMTs) are often first on the scene and provide the first line of defense for peoples who need to have their homeostatic balance restored.

EMT Ethics and Responsibilities

An EMT should be aware of the rules, roles, and responsibilities expected in the field. Working in EMS requires a new appreciation of legal obligations and responsibilities. Many allied health organizations have adopted oaths that define their roles in relationship to others and themselves. Just as physicians have the Hippocratic oath, EMTs have the EMT Oath. Whereas the EMT Oath is specific to Emergency Medical Technicians (EMTs) practicing in the United States, prehospital care providers in other countries may have similar standards for ethical and professional behavior.

Health care professionals are expected to function in an honorable manner when they are dealing with patients, coworkers, and bystanders. These expectations are called ethics and are defined as a set of rules or standards of conduct designed by a group in order to govern that group. The medical community has had a code of ethics since the ancient Greek era. However, a code of ethics has no power if it is not honored. EMTs are expected to act in an ethical, professional manner at all times, even when this is difficult. The National Association of Emergency Medical Technicians has created a code of ethics covering EMTs, AEMTs, and Paramedics.

Professionalism

Professionalism means meeting all the standards of a profession and conducting oneself in a manner that would bring honor to the profession. Part of being professional is knowing your limitations. You must often decide what level of care the patient requires and if you are capable and authorized to provide that level of care. This requires that you have a clear understanding of your scope of practice, physician advisor guidelines, and your agency’s standing orders and protocols.

Professionalism is more of an attitude than a function. Professionals generally take great pride in their work—even when they do not receive recognition or praise from others. Being a professional takes dedication, constant training, and education to provide the best care for a patient. Participating in continuing education allows you to maintain, update, and expand your knowledge, and the opportunities to do this come in many different forms:

- Training provided by agencies
- Professional journals
Leadership

The EMT at any level of training is often looked upon as a leader—someone who can take charge of a situation and maintain the focus of the team to accomplish a goal (Figure 1-2). Being a leader does not always mean that a person has formal authority; a person exhibiting leadership may be employed at any level of an organization. Certain characteristics define the qualities of a leader:

- Ability to remain calm and in control that instills confidence in others
- Inner strength to make a decision and live with the consequences of that decision
- Solid character traits that inspire trust among others
- Solid moral and ethical beliefs
- Ability to communicate

Scope of Practice

A scope of practice defines the procedures and actions that are allowed by law or rule in a particular state or jurisdiction. In most states, the acts allowed—or acts EMTs are allowed to perform—are clearly defined by the state EMS regulatory agency. In some states, including Colorado and South Carolina, the acts allowed by EMTs are clearly defined by the state’s scope of practice. Other states, including New York and Texas, do not have a rigid scope of practice outlined in rule or law. Instead, medical directors delegate tasks to EMTs after they have verified and documented that the EMTs have training in these skills.

Standard of Care

The standard of care relates to the degree of caution and prudence required of EMTs and reflects a minimally accepted level of care that should be provided by any EMS provider across the country. This means that if a patient is treated by an EMT in California, the patient should receive at least the same level of patient care that he or she would have received in Wyoming, Mississippi, or New Jersey. Failure to meet these minimally accepted levels of care may place the EMT at risk of legal repercussions.

Legal Issues for the EMT

Every person is entitled to certain legal rights under the U.S. Constitution and federal, state, and municipal law. EMTs, for instance, have a right to protection from abusive patients and dangerous situations. Patients also enjoy certain legal rights. If these rights are violated, EMTs may be held legally liable. Two main types of law are civil and criminal. Criminal law deals with wrongs against society, and includes assault, battery, and false imprisonment. Civil law deals with disagreements between, or wrongs against, individuals or organizations.

Criminal Law

Assault is the threat of physical injury. For instance, if the patient tells the EMT that “if you hurt me when you start that IV, I am going to make you bleed too,” this could be considered assault. Likewise, assault occurs if the EMT threatens the patient or a family member with physical injury.

Battery is the unlawful touching of a person by another person. An EMT could be charged with battery if the patient refuses an IV line and the EMT starts one anyway. Battery also occurs when a patient strikes an EMT.
False imprisonment occurs when the patient is illegally detained against his or her will. This can occur if an EMT transports a patient against his or her will. If a patient refuses to go to a hospital, the EMT should document the circumstances and ask the patient to sign a refusal form.

Civil Law

The EMT should understand and follow any national standards relevant to EMS practice. Whereas these standards do not carry the weight of law, the EMT must follow national standards or risk being found guilty of civil liability. A tort is a wrongful act that gives rise to a civil suit. Even if no law is broken, the EMT may be found negligent if he or she does not meet standards that another reasonable person in a similar position would follow. A plaintiff is the person who files a civil suit against a person who is accused of wrongdoing, also called a defendant. Negligence is a deviation from the accepted standard of care that results in further injury to the patient. The following four components are necessary to prove negligence:

- **Duty to act**—To be considered negligent, an EMT must have a legal duty to provide care. The duty to act obligates the EMT to provide the patient with the same standard of care that would be provided by another EMT of the same level.

- **Breach of duty**—Breach of duty means that the EMT did not meet his or her obligation to provide the expected standard of care. Examples of breach of duty include abandonment, inappropriate care, or operating outside of the EMT’s scope of practice.

- **Damages**—Damages occur when a patient has experienced injury, death, or monetary loss. Damages may be tangible, such as additional medical expenses or loss of income, or intangible, such as loss of life or limb.

- **Proximate cause**—Not only does the plaintiff in a civil suit have to show a duty to act, breach of duty, and damages, he or she also has to show that the damages resulted from the defendant’s breach of duty.

Negligence is commonly divided into three categories: malfeasance, misfeasance, and nonfeasance.

- **Malfeasance** occurs when the EMT performs an act that he or she was never authorized to do, such as a medical intervention that is outside the scope of practice.

- **Misfeasance** occurs when the EMT performs an act that he or she is legally permitted to do but does so in an improper manner. For example, the EMT administers a medication that is clearly within the scope of practice but accidently calculates an incorrect dose.

- **Nonfeasance** occurs when the EMT fails to perform an act that he or she is required or expected to perform. Failure to perform CPR when a patient goes into cardiac arrest would be an example of nonfeasance.

Abandonment is the termination of patient care without ensuring that care will be continued at the same or higher level. When you are administering IV therapy, you are obliged to ensure that someone with at least the same level of your training and certification will continue patient care. Remember that once patient contact has been established, you are legally bound to remain with the patient until one of the following criteria is met:

- You hand over care to someone with equal or higher certification.

- The patient terminates care after meeting the required criteria for competency.

Patient abandonment does not apply if your safety is at risk. In that case, your first responsibility is to yourself and other EMS personnel.

Patient Refusals

If a patient refuses treatment, the EMT should obtain a patient refusal waiver that indicates that the patient understands why he or she is refusing treatment, exactly what he or she is refusing, and the consequences of refusal (Figure 1-3). It is not as
This is to certify that I, [patient's name], am refusing IV treatment. I acknowledge that I have been informed of the risk involved and hereby release the emergency medical services provider(s), the physician consultant, and the consulting hospital from all responsibility for any ill effects which may result from this action.

Witness: ____________________________  Signed: ____________________________
patient name or nearest relative
relationship

REQUIRE FROM RESPONSIBILITY WHEN PATIENT REFUSES SERVICE

This is to certify that I, [patient's name], am refusing the services offered by the emergency medical services provider(s). I acknowledge that I have been informed of the risk involved and hereby release the emergency medical services provider(s), the physician consultant, and the consulting hospital from all responsibility for any ill effects which may result from this action.

Witness: ____________________________  Signed: ____________________________
patient name or nearest relative
relationship

REQUIRE FROM RESPONSIBILITY WHEN PATIENT REFUSES SERVICES BUT ACCEPTS TRANSPORT

This is to certify that I, [patient's name], am refusing [service]. I acknowledge that I have been informed of the risk involved and hereby release the emergency medical services provider(s), the physician consultant, and the consulting hospital from all responsibility for any ill effects which may result from this action. However, I do accept transportation to a medical facility.

Witness: ____________________________  Signed: ____________________________
patient name or nearest relative
relationship

Figure 1-3 Sample refusal forms.
simple as getting a signature. If a patient’s refusal of treatment ever becomes involved in litigation, the EMT must be able to prove that the patient understood the consequences of his or her actions.

Some considerations that could affect the patient’s ability to understand the consequences of refusing treatment include the following:

- Substance abuse
- Language barriers
- Injury or illness
- Shock

Here are some simple rules for you to follow if a patient refuses treatment and a release waiver is needed:

- Explain the mechanism of injury and your concern for the patient’s well-being.
- Have the patient state his or her interpretation of what you said about the condition.
- Explain that you want to perform a patient assessment to ensure that the injuries or illnesses are not life threatening.
- To ensure that there are no additional life-threatening injuries, check vital signs, physically examine the patient, and obtain a **SAMPLE HISTORY**.
- Obtain the patient’s signature on the patient refusal form, acknowledging findings and refusal.
- Attempt to obtain a signature from a witness.
- Document the patient’s explanation for refusing treatment.

### Advance Directives

An advance directive is defined as an agreement between a patient and a physician indicating a course of action to be taken should the patient become incompetent. Advance directives are becoming more common among terminally ill patients. The EMT is expected to honor and execute the wishes of the patient when advance directives are encountered. Some advance directives are legally binding documents, and failure to honor these documents can place the EMT at risk of criminal litigation.

#### Do Not Resuscitate Orders

**Do not resuscitate (DNR) orders** or **do not attempt resuscitation (DNAR) orders** specifically identify the medical procedures to be performed on the patient in the event of cardiac arrest. DNR orders are rescindable only by verbal order of the patient or legal guardian, physician, or immediate family member, or by physical destruction of the document.

To be considered valid, a DNR order must meet specific criteria. The document must be specific to the patient and the underlying medical condition. Information that must be presented with a DNR order includes the following:

- Name of the patient
- Reason for the DNR order
- Name and signature of the responsible physician
- Date on which the order became effective
- DNR or Do Not Resuscitate wording
- Patient consent, evidenced by one of the following:
  - Patient’s signature
  - Signature of legal guardian
  - Signature of holder of durable medical power of attorney

When you are faced with a DNR order, you should validate the order by verifying that it is accurate and authentic. The DNR order must be for the patient for whom you are caring. The patient’s name, signature, and the DNR effective date must be validated. If the DNR order is accurate, it must be honored and executed. If a declarant indicates that he or she wishes to revoke the DNR at any time, this request must be honored. If you have any concerns about the validity of the document, you must contact medical control while resuscitative measures are initiated. If medical control directs you to cease resuscitative efforts, you are required to comply.

#### Durable Medical Power of Attorney

A **durable medical power of attorney** is a document that directs someone to act on behalf of the patient regarding medical treatment. These documents are often used for patients who are incapacitated in some fashion. A durable medical power of attorney
is often granted to a legal guardian acting as an agent for the patient’s medical concerns. The agent must act on behalf of the patient, not on the agent’s own behalf. If the patient is competent and requests treatment other than what is listed in the durable medical power of attorney, the request must be honored despite the wishes of the agent or the document. The durable medical power of attorney is revocable by a competent patient at any time. When you are faced with a durable medical power of attorney, you should do the following:

- Ensure it is valid.
- Verify the identity of the agent.
- Make sure the agent is acting in the patient’s best interest.
- Check the patient’s mental status.

If there is any doubt about the validity of the document, you should contact medical control.

**Living Wills**

A *living will* is a legal document completed by a competent patient who has not developed any medical disorders that expresses the patient’s wishes regarding medical treatment should he or she become incompetent. For example, a living will would come into play when a patient enters a hospital for surgery or some other potentially dangerous medical procedure. Therefore, living wills are seldom encountered in the field. As with acts allowed and protocols, check your state’s regulation on advance directives and living wills.
WRAP UP

■ Ready for Review
Because EMTs are in the medical profession, they must be familiar with legal issues. This familiarization will protect their patients and themselves when tough decisions must be faced. Because legalities sometimes may be confusing and unclear, the EMT should always err on the side of what is best for the patient.

By understanding your legal and ethical responsibilities, you will gain a solid foundation for providing safe IV therapy. The following steps will help you achieve this goal:

■ Study your local protocols and acts allowed.
■ Know the actions that can lead to legal accountability: false imprisonment, torts, assault, battery, negligence, and abandonment.
■ Understand what is meant by negligence: deviation from the accepted standard of care resulting in further injury to the patient when the EMT has a duty to act but does not.
■ When you are dealing with patient refusals, ensure that the patient understands the consequences of refusal and document the refusal.
■ When you are dealing with advance directives, DNRs, and durable medical power of attorney documents, ensure that the document is valid.

■ Quick Quiz
Answer each question below in your own words.

1. List and describe each component required to establish negligence of the rescuer.
2. Describe patient abandonment. When is it acceptable to leave a patient?
3. What is meant by standard of care?
4. List and describe the different forms of advance directives.
5. What are some barriers that you need to be aware of when obtaining a patient refusal?
6. List the steps you should follow before accepting a patient treatment refusal.

7. List and describe the legal issues for which you may be held accountable as an EMT.

■ Test Your Knowledge
Select the best answer for each of the following questions.

1. Which of the following terms best describes the expectation for professionals to function in an honorable manner?
   A. Professionalism  B. Leadership  C. Ethics  D. Code of conduct

2. Which of the following terms best describes meeting all the standards of a profession and conducting oneself in a manner that would bring honor to the profession?
   A. Professionalism  B. Leadership  C. Ethics  D. Code of conduct

3. Which of the following is NOT a quality of a leader?
   A. Ability to communicate  B. Solid moral and ethical beliefs  C. Character traits that inspire trust  D. Person holds a position of leadership

4. Which of the following terms is defined as the procedures and actions that are allowed by law or rule in a particular state or jurisdiction?
   A. Scope of practice  B. Acts allowed  C. Medical direction  D. Medical advisement

5. Which of the following does NOT involve criminal law?
   A. False imprisonment  B. Threat of physical injury  C. Starting an IV line without the patient’s permission  D. Malpractice lawsuit

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6. Your patient is belligerent, and threatens your partner with a knife. Which of the following legal issues is relevant here?  
   A. Assault  
   B. False imprisonment  
   C. Battery  
   D. Negligence

7. An EMT transports a patient against his will. Which of the following legal issues is relevant?  
   A. Assault  
   B. False imprisonment  
   C. Battery  
   D. Negligence

8. A patient refuses treatment and transport. However, the EMT starts an IV line and transports the patient anyway. Which of the following legal issues are relevant to this case?  
   A. Assault and battery  
   B. Assault and false imprisonment  
   C. False imprisonment and negligence  
   D. False imprisonment and battery

9. Which of the following is NOT necessary to prove negligence?  
   A. Duty to act  
   B. Damages  
   C. Death  
   D. Proximate cause

10. An EMT is called to the scene of an automobile crash. While assessing a patient at the scene, the EMT hears a call go out over the radio for a full arrest nearby. The EMT leaves the scene of the automobile accident to respond to the full arrest. What legal issue is involved in this scenario?  
    A. Breach of duty  
    B. Abandonment  
    C. Civil liability  
    D. Duty to act

11. Which of the following statements regarding refusal of treatment is FALSE?  
    A. Intoxication has no impact on the patient’s ability to understand the consequences of refusing treatment.  
    B. You should ask the patient to state what he or she is refusing.  
    C. Obtain the patient’s signature on the patient refusal form.  
    D. Attempt to obtain a signature from a witness.

12. Which of the following terms is defined as an agreement between a patient and a physician indicating a course of action to be taken should the patient become incompetent?  
    A. DNR order  
    B. Durable medical power of attorney  
    C. Living will  
    D. Advance directive

13. Which of the following is defined as a document that directs another person to act on behalf of the patient regarding medical treatment?  
    A. DNR order  
    B. Durable medical power of attorney  
    C. Living will  
    D. Advance directive

14. Which of the following legal documents expresses a patient’s wishes regarding medical treatment should he or she become incompetent?  
    A. DNR order  
    B. Durable medical power of attorney  
    C. Living will  
    D. Advance directive

15. Which of the following is NOT a required component of the DNR order?  
    A. Date on which the order became effective  
    B. Reason for the DNR order  
    C. Date on which the order will expire  
    D. Patient consent

Glossary

abandonment Unilateral termination of care by the EMT without the patient’s consent and without making provisions for transferring care to another medical professional with the skills and training necessary to meet the needs of the patient.

acts allowed The tasks that an EMT is allowed to perform, as defined by the state EMS regulatory agency and physician advisory.

advance directive Written documentation that specifies medical treatment for a competent patient should the patient become unable to
make decisions; also called a living will or health care directive.

**assault** Unlawfully placing a patient in fear of bodily harm.

**battery** Any act of touching a patient or providing emergency care without consent.

**breach of duty** A situation where the EMT does not meet his or her obligation to provide the expected standard of care. Examples abandonment, inappropriate care, or operating outside of the EMT’s scope of practice.

**civil law** The form of law that deals with disagreements between, or wrongs against, individuals or organizations.

**criminal law** The form of law that deals with wrongs against society, and includes assault, battery, and false imprisonment.

**damages** Compensation for injury awarded by a court.

**defendant** In a civil suit, the person against whom a legal action is brought.

**do not attempt resuscitation (DNAR) order** A type of advance directive that describes which life-sustaining procedures should be performed in the event of a sudden deterioration in a patient’s medical condition; also see DNR.

**do not resuscitate (DNR) order** A type of advance directive that describes which life-sustaining procedures should be performed in the event of a sudden deterioration in a patient’s medical condition; also see DNAR.

**durable medical power of attorney** A type of advance directive executed by a competent adult that appoints another person to make medical treatment decisions on his or her behalf in the event that the person making the appointment loses decision making capacity.

**duty to act** A medicolegal term relating to certain personnel who either by statute or by function have a responsibility to provide care.

**ethics** The philosophy of right and wrong, of moral duties, and of ideal professional behavior.

**false imprisonment** The confinement of a person without legal authority or the person’s consent.

**homeostasis** A balance of all systems of the body.

**leader** A person who can take charge of a situation and maintain the focus of the team to accomplish a goal.

**living will** A type of advance directive, generally requiring a precondition for withholding resuscitation when the patient is incapacitated.

**negligence** Failure to provide the same care that a person with similar training would provide.

**patient refusal waiver** A document or form that the EMT presents to the patient for signature that indicates that the patient understands why he or she is refusing treatment, exactly what he or she is refusing, and the consequences of refusal.

**plaintiff** In a civil suit, the person who brings a legal action against another person.

**professionalism** An attitude where the EMT should do all he or she can do to meet all the standards of the profession and conduct himself or herself in a manner that brings honor to the profession.

**proximate cause** The specific reason that an injury occurred; one of the items that must be proven in order for an EMT to be held liable for negligence.

**release waiver** A refusal form that must be signed by a patient who refuses medical treatment; also see patient refusal waiver.

**SAMPLE history** A brief history of a patient’s condition to determine signs and symptoms, allergies, medications, pertinent past history, last oral intake, and events leading to the injury or illness.

**scope of practice** What a state permits a health care worker practicing under a license or certification to do.

**standard of care** Written, accepted levels of emergency care expected by reason of training and profession; written by legal or professional organization so that patients are not exposed to unreasonable risk or harm.

**tort** A wrongful act that gives rise to a civil suit.