



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: ENHANCING TUBING CONNECTION  
SAFETY**

**Policy No.: B874  
Supersedes: June 4, 2015  
Revision Date: October 24, 2018  
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### **PURPOSE:**

To establish guidelines and practice standards to prevent inadvertent misconnection of tubings, catheters, and syringes.

### **POLICY:**

Staff should take reasonable precautions to avoid accidental misconnection of tubings, catheters, and syringes.

### **SCOPE:**

This Policy shall apply to all Nursing Units in the inpatient areas, ambulatory care, and procedural areas at Rancho Los Amigos National Rehabilitation Center (RLANRC)

### **Definitions:**

**Tubing misconnection:** The inadvertent connection of one type of tubing, catheter, or syringe to a port of access not intended for this purpose (e.g. - connecting feeding tubes to IV lines or vice versa and connecting IV lines to an epidural catheter and vice versa.) Other examples of misconnections may include bladder catheters, rectal tubes, and blood pressure cuffs.

### **Procedures:**

1. The Organization's committees concerned with evaluating products for purchase and use across the Hospital should consider products that contain engineering design controls designed to prevent misconnections whenever possible.
2. Pharmacy shall dispense oral liquid medications in unit-of-use oral syringes or commercially available dose cups whenever possible.
3. When not dispensed in a unit of use by pharmacy, appropriately sized oral syringes should be used to prepare and administer oral/enteral liquids.
4. Parenteral syringes are prohibited for use in the preparation and administration of oral medication/enteric feedings.

EFFECTIVE DATE: August 2012

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

5. Clinicians trace all lines from their origin to the connection port to verify attachments before making any connections or reconnections, or administering medications, solutions, or other products.
6. Clinicians with responsibility for managing and accessing lines and their connections will trace and verify these lines to their sources as part of hand-off communication (at staff shift change, or arrival to a new service/setting).
7. In situations where the patient has multiple high-risk tubing and/or catheters of the same kind, the tubing will be labeled including the specific (assigned) number of each corresponding tubing and/or catheter (i.e., Chest Tube #1 in the anterior chest, Chest Tube #2 left second intercostal space in the mid-clavicular line, Chest Tube #3 right fifth intercostal space).
8. Never attempt to force or alter a connection that does not fit easily and securely into an access port.
9. For patients transported to areas without nursing support, staff in that area should immediately notify clinical staff in the nursing unit of origin, should a line become disconnected, nursing staff in the nursing unit of origin will determine the need for immediate reconnection and nursing support.
10. Every attempt will be made to limit the frequency of disconnecting and reconnecting tubing to reduce the risk of misconnections and infections.
11. If multiple connections and reconnections are necessary (e.g. prior to transporting the patient from ICU to OR), connections and reconnections are done one at a time whenever possible.

## **DEFINITIONS**

- Tubing misconnection: The inadvertent connection of one type of tubing, catheter or syringe to a port of access not intended for this purpose (e.g., connecting feeding tubes to IV lines or vice versa and connecting IV lines to an epidural catheter and vice versa). Other examples of misconnections may include bladder catheters, rectal tubes, and blood pressure cuffs. Misconnections can lead to serious injury or death.
- High-Risk Catheters:
  - Enteric
  - Ventriculostomy
  - Arterial
  - Epidural
  - Chest Tube
  - PICC Line
  - Dialysis Catheter
  - Wound Drain
  - Biliary
  - Nephrostomy
  - PA/Swan Ganz
  - RA/CVP
  - Umbilical A/V
  - Lumbar Drain

**Other tubing, catheters, and syringes** include, but are not limited to, the following:

- Automatic blood pressure cuff
- Urinary catheters/bladder pressure monitoring
- Blood administration tubing
- Endotracheal/tracheostomy cuff inflation tubes
- In-Line suction
- Oxygen delivery devices
- Peritoneal dialysis catheters
- Sequential compression device tubing
- Syringes
- Wound VAC system

**Other P&P's related to this document:** Patient Safety Plan (P&P A126)

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