

LAC+USC MEDICAL CENTER POLICY

Subject: MANAGEMENT OF HIGH RISK TUBINGS / CATHETERS	Original Issue Date: 4/14/15	Policy # 934
	Supersedes: 4/14/15	Effective Date: 6/19/20
Departments Consulted: Nursing Pharmacy	Reviewed & Approved by: Patient Safety Committee Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

To manage the prevention of medical tubing and catheter misconnections.

POLICY

To minimize the risk of misconnections, Staff must label and manage all high risk medical tubings and catheters in a safe manner.

DEFINITIONS

Types of high risk medical tubings and catheters include:

- Arterial
- Biliary
- Chest Tube
- Dialysis Catheter
- Enteric or other enteral applications involving or passing through the intestine, either via the mouth and esophagus or through an artificial opening
- Neuraxial access (epidural, intrathecal, intracranial)
- IV (Intravenous or hypodermic applications)
- Lumbar Drain
- Nephrostomy
- Pulmonary Artery / Right Heart Catheter
- PICC (Peripheral Inserted Central Catheter) Line
- Midline peripheral intravenous catheters
- ON -Q Pump
- RA/CVP (Right Atrial / Central Venous Pressure)
- Umbilical Arterial or Venous
- Ventriculostomy
- Wound Drain
- Intraosseous (IO)
- Other similar connecting devices

Subject: **MANAGEMENT OF HIGH RISK TUBINGS / CATHETERS**

Effective Date:
6/19/20

Policy #
934

Misconnections of high risk tubings and catheters

- 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). Misconnections can lead to serious injury or death.

PROCEDURES

- Parenteral syringes (e.g., Luer-lock) are prohibited for use in the preparation and administration of oral medications or enteric feedings.
- All high risk catheters and tubings are to be identified with an attached label.
- All high risk tubings will be labeled at both distal and proximal as to their type (see definition of high risk tubing above). Documentation should be done by staff present at time of insertion if applicable.
- Staff must 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.
- Staff with responsibility for managing and accessing lines and their connections, will trace these lines and connections to their sources as part of hand-off communication (per policy, such as at shift change, or arrival to a new service/setting).
- Never attempt to force or alter a connection that does not fit easily and securely into an access port.
- For patients transported to areas without nursing support, staff in that area should immediately notify clinical staff in the nursing unit of origin or critical care transport team (if present in the procedure area), should a line become disconnected or other instructions needed. Nursing staff will determine the need for immediate reconnection and nursing support.
- Limit the frequency of disconnecting and reconnecting tubing to reduce the risk of misconnections and infection.
- If multiple connections & reconnections are necessary (e.g. prior to transport from ICU to OR/procedure area) connections and reconnections are done one at a time whenever possible.
- Try not to place infusion pumps that are in use for different routes of administration (e.g., epidural, intravenous, or enteral) on the same pole or next to each other. Try to place the pumps on different sides of the bed.
- Always put labels on infusion bags facing forward for ease of readability.
- Ensure all connecting devices are secured when making the initial connection or when reconnecting.
- Use a flashlight or turn on the light in a darkened room when connecting/reconnecting any type of medical tube(s) or device(s).
- Teach patient's family members and visitors that, if the patient needs assistance to the bathroom or to ambulate and tubes/catheters need to be disconnected, to call the nurse for assistance.
- Teach family/visitors if any tubes/catheters become disconnected to contact the nurse for assistance.
- Family/visitors should never reconnect tubes/catheters.

		Page 3	Of 3
Subject: MANAGEMENT OF HIGH RISK TUBINGS / CATHETERS	Effective Date: 6/19/20	Policy # 934	

SAFETY

- Any initiation, changes to, or discontinuations of high risk medical tubings and catheters requires a provider order.

REFERENCES

<http://www.ismp.org/newsletters/acutecare/articles/Catheter-Misconnections.asp>

REVISION DATES

June 19, 2020