Covenant Health
Rural Pediatrics

POLICY
Approved by: Site Administrator
Date First Issued: August 2015

PROCEDURE
Category: Pediatrics
Ref Policy #:

Topic: STAFF RESPONSE TO PEDIATRIC PATIENT RISK OF ENTANGLEMENT

1.0 POLICY
1.1 Tubing or wiring shall be attached to a child only when medically necessary.

1.2 All infants/children aged newborn to 5 years will have a tubing stabilizer attached to their tubing as described in manufacturer guidelines. Active or restless children beyond this age range who have an IV or other tubing but who do not have the cognitive ability to untangle themselves should also be considered at risk and treated similarly.

1.3 Pediatric patient are exempted from point 2 if the work place environment allows health care personnel to see the patient at all times.

When an infant or child is found entangled in any tubing or electronic cable the following steps are completed:

1.4 The health care worker will assess and respond to the immediate needs of the infant/child.

1.5 The health care worker will report the event to the Nurse-In-Charge.

1.6 If the event has resulted in any change in status of the child, a physician will be contacted to assess the child.

1.7 The health care worker who discovered the entanglement will chart regarding the entanglement and the status of the child in the Nurses’ Notes and make sure that an entry is made on the Kardex to alert staff to potential for reoccurrence. Documentation in the Nurses’ Notes will include a description of what part of the child was entangled, the status of the child when found and following the event, any actions taken, and the type of tubing/cable involved.

1.8 An RLS is to be completed with all entanglement issues.

1.9 The Nurse-In-Charge will make a decision regarding increasing the level of observation of that child by such measures as:

• Placing the child with another pediatric requiring frequent observation

Where the Nurse-In-Charge is unsure of the action to be taken, they must consult with the Patient Care Manager/designate.

1.10 The nurse caring for the child will reassess the need for, and status of, the current tubing. [For example; saline lock the IV is possible, pass the tubing out of the foot of the child’s clothing versus having it loose around the child’s upper torso, move and O₂ sat probe to a toe versus having it on a finger, reassess with the physician as to whether continuous monitoring is necessary, etc.]

1.11 The parents/guardians of a child who is considered at risk for entanglement will be included in a discussion of the need for observation of the child, the use of the tubing
safety device, and why these interventions are important. If the parent/guardian refuses placement of the safety device on their child’s tubing after receiving an explanation of its use, the nurse will document that this has occurred. If the child has a history of entanglement and the parent/guardian refuses placement of the safety device, the Unit Manager or Patient Care Manager will be paged and informed.

1.12 Nurses will enforce Child Health Policy 14.2 Maintaining Pediatric Peripheral Intravenous Lines: locking the line whenever the infant or child does not require the IV within 2 hours for hydration, parenteral nutrition, medication administration or blood product administration.