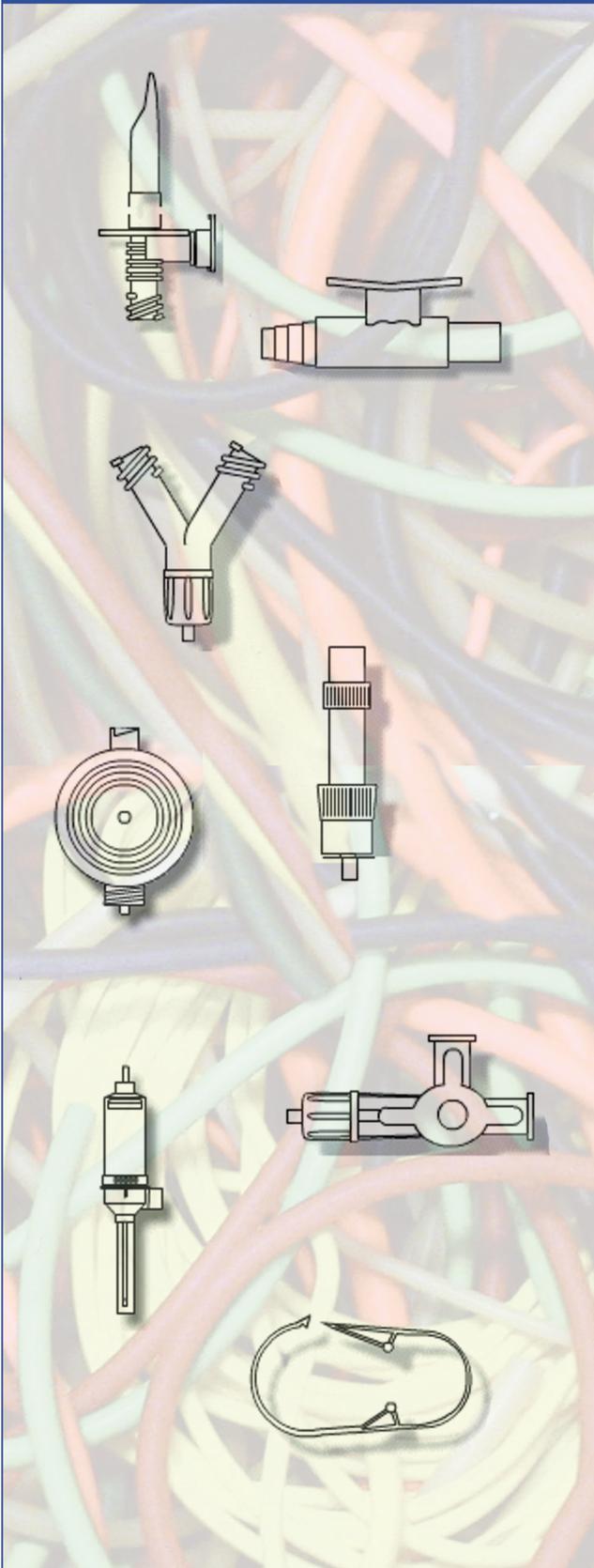


MISCONNECTIONS



In a tertiary healthcare setting medical devices are connected to patients for the purposes of delivering medications, gases and enteral feedings. These devices frequently have similar and often identical connectors. The multitude of similar connectors in a clinical environment may lead a patient care provider to connect two devices which have different intended purpose, thus leading to a “misconnection.” Efforts to prevent this health care related harm affecting patients are the following:

**The World Health Organization’s
“Nine Patient Safety Solutions”:
Patient Safety Solution Topic #7:
Avoiding Catheter & Tubing Misconnections**

**The Joint Commission’s
April 3, 2006 “Sentinel Event Alert”:
Tubing Misconnections -
A Persistent & Potentially Deadly Occurrence**

NURSING INTERVENTIONS

To Prevent Tubing & Catheter Misconnections

1. Always trace a tube or catheter from the patient to the point of origin before connecting any new device or infusion.
2. Line Reconciliation: Recheck connection and trace all patient tubes & catheters to their sources upon patient’s arrival to a new setting or service as part of the hand-off process.
3. Whenever possible, route tubes and catheters having different purposes in different standardized directions.
 - a. IV lines routed toward the head
 - b. Enteric lines toward the feet
4. Inform non-clinical staff, patients, and family that they must get help from clinical staff when ever there is a real or perceived need to connect or disconnect devices or infusions.
5. Label epidural, intrathecal and arterial catheters.
6. Use oral medication syringes to deliver medication; do not use a standard luer syringe for oral medications or enteral feedings.

”CHECK BEFORE YOU CONNECT”