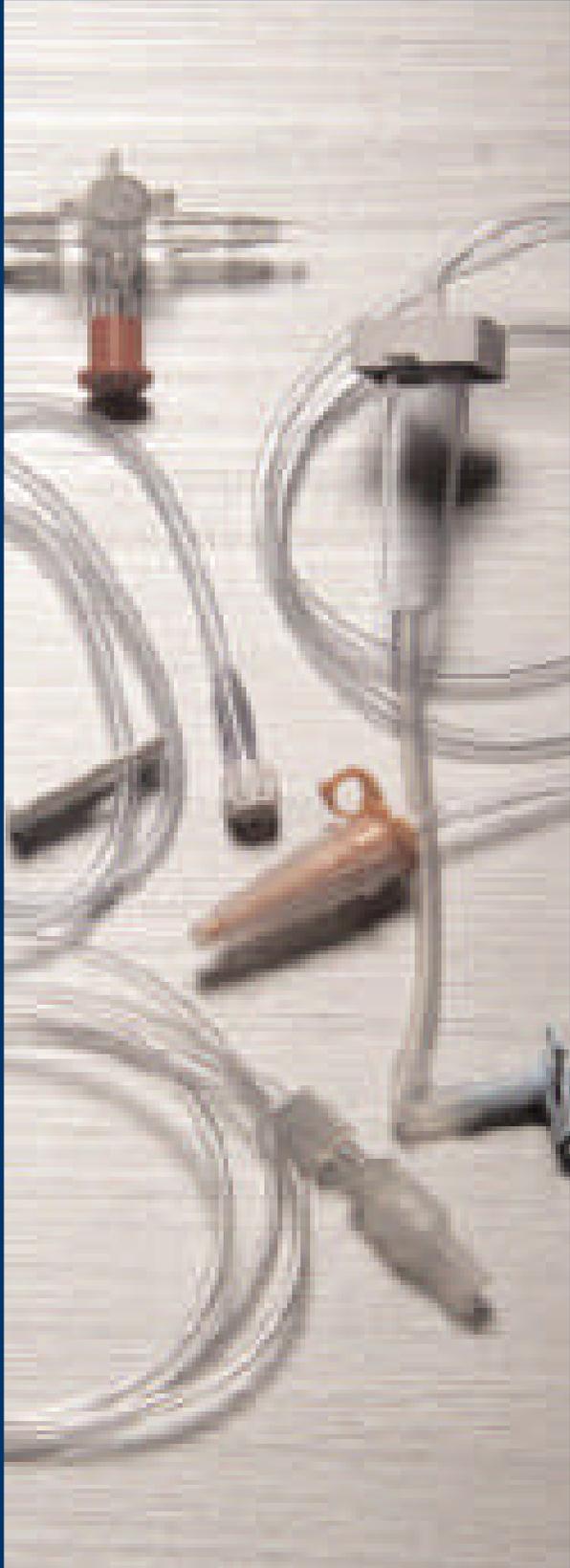


MISCONNECTIONS



In a tertiary healthcare setting medical devices are connected to patients for the purposes of delivering medications, gases & enteral feedings. These devices frequently have similar & 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.” In April of 2006 Joint Commission on Accreditation of Healthcare Organizations issued a Sentinel Event Alert:

Tubing Misconnections

A persistent and potentially deadly occurrence

“CHECK BEFORE YOU CONNECT”

NURSING INTERVENTIONS TO PREVENT 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 & trace all patient tubes & catheters to their sources upon the patient’s arrival to a new setting or service as part of the hand-off process.
3. Whenever possible, route tubes & 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, patient and their families that they must get help from clinical staff whenever there is a real or perceived need to connect or disconnect devices or infusions.
5. Label epidural, intrathelial and arterial catheters.
6. Use oral medication syringes to deliver medication; do not use a standard luer syringe for oral medications or enteric feedings.