STAFF HANDOUT

Safety First for Staff:
Device Dislodgements

WHAT DO YOU NEED TO KNOW ABOUT DEVICE DISLODGEMENTS?

— Indwelling devices, such as intravenous (IV) catheters and feeding tubes, can inadvertently become dislodged from a patient even when you thought the device was securely in position.

— Dislodgement can occur with a variety of devices, ranging from frequently used IV catheters, central lines, and feeding tubes to less commonly used nephrostomy tubes and cannulae for extracorporeal membrane oxygenation.

— Although many dislodgement events do not harm patients, some can cause serious injury and even death, depending on how quickly dislodgement is recognized and treated.

WHAT CAN GO WRONG?

— Devices can dislodge when a caregiver is tending to a patient's needs, such as during bathing, repositioning or transferring the patient, and helping the patient in the bathroom.

— Patients who have signs of confusion or agitation can pull out their tubes and lines; sometimes, a very determined patient planning to leave a facility against medical advice will pull out the devices.

— Dislodgement can also occur when a line or tube is accidentally caught on something, such as a bedrail or chair armrest.

WHAT CAN YOU DO TO PREVENT DEVICE DISLODGEMENTS?

— Know your organization’s procedures for inserting and securing indwelling devices.

— Routinely check on the device position and securement. Use device markings, if available, to measure and monitor device position. Even the slightest change in a device’s position may indicate that it has become dislodged and prompt further investigation.

— When possible, keep a line or tube from being covered by anything that can obstruct your sight line to the device and the insertion site.

— Identify patients at high risk for pulling out a tube or line and takes steps to prevent its occurrence; for example, using soft wrist restraints or mitts or closer monitoring of the patient may sometimes—but not always—deter a patient from removing the device.

— Check to ensure that the inserted device is in place when performing patient care tasks.

— Periodically reevaluate whether a patient still needs an inserted device, such as a urinary catheter.

— Report instances of dislodged lines and tubes to the organization’s event reporting program; the information may help to identify the need for additional strategies to prevent dislodgement.

— Teach your patients and their family members about how to handle the devices and prevent dislodgement.


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