(A) Policy Statement

UTMC will practice safe standards related to medical tubes.

(B) Purpose of Policy

To provide for the safety of patients requiring various types of medical tubing related to their care.

(C) Definitions

Tubing misconnections are tubes, cables or other hospital equipment connected to the wrong port which may result in patient injury or death.

Tubing or catheter types may include but are not limited to:

- Intravenous (IV) tubing peripheral or central venous catheters
- Arterial lines
- Chest tubes
- Nasogastric tubes and tubing
- Epidurals
- Intrathecal lines
- Feeding tubes
- Peritoneal dialysis catheters
- Endotracheal/tracheostomy cuff inflation tubes
- Automatic blood pressure cuff tubing
- Bladder (Foley) catheters
- Bulb drain tubing (Jackson-Pratt)
- Percutaneous nephrostomy tubes
- Ventilator tubing
- Ventriculostomy drainage devices used for head trauma
- Oxygen tubing

Near Miss: A misconnection that is recognized immediately and disconnected. This results in no harm to the patient.

Trace: Track or follow a tube or catheter from the patient to the point of origin.

Luer Lock: A connective device or syringe that can accept and allow many connections. Due to the ease of connection, there may be no indication that the connection may be wrong.

(D) Procedure

1. Trace all lines back to their origin before making connections.
a. Trace and re-check all patient tubes and catheters to their source upon a patient’s admission to a new department or unit or returning to the room after undergoing a procedure or diagnostic imaging as part of the hand-off process.

2. Do not force connections.
a. If a connection is difficult to make it may be because the connection is incorrect.
b. Do not tape, force or otherwise make the connection.
c. Stop and ask for assistance.

3. Do not use adaptors unless they are clearly required for the application.
   a. Using an adaptor might permit the connection of two inappropriate components such as two luer
      connectors or two different sized parts.

4. Inform all non-clinical staff, patients and their families that they must get help from nursing whenever there
   is a real or perceived need to connect or disconnect devices.

5. Orange antiseptic caps must be attached to all unused vascular access needleless connectors. See Vascular

6. Do not use a standard Luer syringe for oral medications or enteric feedings.
   a. Use only oral medication dispensers for oral medications or enteric feedings.

7. Turn on a light in a darkened room before connecting or re-connecting tubes or devices.

8. For certain high risk catheters (epidural, intrathecal, arterial), label the catheter.

9. Report all near-miss misconnections and discovered tubing misconnections using the on-line occurrence
   report system.

10. Never use tubes, catheters or connectors for unintended purposes.

11. If possible, route tubes and catheters having different purposes in different, standardized directions (e.g., IV
    lines routed toward the head; enteric lines toward the feet).

12. Oxygen flow meters are color coded green and air flow meters are yellow. Always trace connections to the
    wall outlet/gas cylinder for positive source gas identification. Clear nipple adaptors may be used, as
    appropriate, when connecting a tubing to either flow meter.

13. All new equipment is to be evaluated for safety through the Value Analysis Committee.

14. The Health and Safety Department can be contacted directly regarding a staff concern for patient safety.


Approved by: Monenca Smith, MSN, RN

Review/Revision Date:
7/22/11
6/26/15
12/1/18

Next Review Date: 12/2021

Policies Superseded by This Policy: none

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.