

## NURSING SERVICES GUIDELINE Emergency Department

### **Guideline: Use of Papoose for Pediatric Procedures**



**Guidelines Superseded:** N/A

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**Purpose:** This guideline provides best practices for the safe and effective use of a papoose board in pediatric patients undergoing procedures in the Emergency Department (ED). The purpose of using a papoose is to safely immobilize the child during short-term procedures to prevent harm to the child, healthcare providers, and others involved in the procedure. It is crucial to minimize distress for the child while ensuring the safety and success of the procedure.

**Responsibility:** Emergency Department Staff

**Indications for Use:** A papoose may be indicated for pediatric patients ages 2-5 years old who require the following procedures and are unable to cooperate due to age, developmental stage, or medical condition:

- Minor laceration repairs
- Blood draws or intravenous (IV) insertions
- Radiological imaging (e.g., X-ray, CT)
- Splinting or casting of fractures
- Other minor procedures requiring immobilization

### **Contraindications:**

The use of a papoose is contraindicated in the following cases:

- Known or suspected cervical spine injury
- Severe respiratory distress or respiratory compromise

- Active seizures or seizure disorders
- Parent or guardian refusal
- Clinical judgment indicating a higher risk of harm due to restraint

### **Pre-Procedure Protocol:**

#### **1. Assessment of the Child and Family:**

- Ensure a thorough assessment of the child's physical and psychological condition.
- Evaluate for any contraindications to restraint, including injury, distress, or underlying medical conditions.
- If the child is able to understand and participate, explain the procedure at an age-appropriate level.
- Discuss with the child's parent or guardian the need for the papoose and obtain verbal or written consent (if applicable).

#### **2. Parental Involvement:**

- Encourage the presence of the child's parent or guardian to provide comfort and support.
- Offer the parent a role in comforting the child, if possible, such as holding the child's head or offering verbal reassurance.
- Ensure the parent or guardian understands the importance of the papoose for safety and comfort during the procedure.

#### **3. Preparation of Equipment:**

- Ensure the papoose board is in good working condition, free of rips or tears.
- Prepare the necessary procedural equipment (e.g., sterile kit, IV supplies, suture materials, etc.).
- Prepare appropriate pain or sedation options based on the procedure (e.g., local anesthetics, oral sedatives, or nitrous oxide as needed).

#### **4. Team Briefing:**

- Provider will place order for nonviolent or Nonself destructive Restraints
- Nurse will complete necessary documentation for restraint use and in Restraint Type will utilize "OTHER" with a comment "Papoose Board."
- Brief the ED team (nurse, physician, and other support staff) on the plan for using the papoose. Ensure everyone is clear on their roles and responsibilities.
- Assign a nurse to provide constant observation and ensure the child's well-being during the procedure.
- Upon completion of the procedure and termination of use of Papoose Board, nurse will terminate the restraint in the documentation.

**5. Order Placement:**

- Place an order for ED Nursing Restraints Non-violent or Non-self Destructive and utilize Vest/Jacket or Papoose (If choose vest/jacket, add a comment for Papoose). Change the time (“For”) of the order to the period of time of the procedure. Complete all other required restraint documentation per policy.

**Procedure for Papoose Board Use:****1. Positioning the Child:**

- **Step 1:** Gently and calmly position the child on the papoose board, ensuring that the child’s arms, legs, and head are secured appropriately.
- **Step 2:** For toddlers or smaller children, the child should be positioned in a semi-reclined position with the head and neck supported.
- **Step 3:** Ensure that the child’s body is in a neutral, non-rotated position, and avoid restricting chest movement to allow for adequate respiratory effort.

**2. Restraint Application:**

- Secure the child’s arms and legs using the straps provided on the papoose board. The restraint should be snug enough to prevent excessive movement but not so tight as to cause discomfort, pain, or restricted circulation.
- For toddlers and younger children, gently secure the arms along the body.
- If additional comfort measures are needed, such as a soft pillow or towel for head support, these should be used.

**3. Monitoring During the Procedure:**

- **Step 1:** Constantly monitor the child’s respiratory status and overall well-being. Ensure that the papoose does not restrict breathing and adjust if necessary.
- **Step 2:** Provide frequent verbal reassurance to the child, acknowledging their distress and offering comfort.
- **Step 3:** Observe for signs of distress (e.g., rapid heart rate, crying, agitation) and be prepared to address any discomfort or anxiety.
- **Step 4:** Have a nurse or another team member at the child’s head to monitor and comfort them during the procedure.

**4. Perform the Procedure:**

- Complete the procedure in a timely and efficient manner to minimize the child’s discomfort.
- If the child becomes increasingly distressed or the procedure cannot be completed safely, stop and reassess. Consider alternatives, such as sedation or distraction techniques.

**Post-Procedure Care:**

1. **Removal of the Papoose:**
  - Once the procedure is completed, remove the papoose board promptly, ensuring that it is done gently to avoid startling or further distressing the child.
  - Carefully release the restraints and assess the child for any skin irritation, bruising, or other signs of injury.
2. **Child Comfort and Recovery:**
  - Offer comfort measures such as a favorite toy, blanket, or calming techniques.
  - Provide verbal reassurance to both the child and the parents, explaining what has been done and how the child is doing.
  - Document the use of the papoose board, including the reason, duration, and the child's response.
3. **Post-Procedure Evaluation:**
  - Evaluate the child's emotional state post-procedure. Offer the parent or guardian resources or referrals for any additional psychological support, especially if the procedure was traumatic for the child.
4. **Cleaning:**
  - Papoose will be sent down to Sterile Processing for cleaning and then returned to the ED.
5. **Documentation:**
  - Record all relevant details in the child's medical chart, including:
    1. Monitoring of the child's condition during and after the procedure
    2. Any adverse reactions or complications observed during the process
    3. Emotional response and comfort measures provided post-procedure
    4. Education and notification related to Papoose Board use.
    5. Upon completion of the procedure and termination of use of Papoose Board, nurse will terminate the restraint in the documentation.
    6. "End" restraint use in EPIC

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