



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

|                          |  |                         |                  |
|--------------------------|--|-------------------------|------------------|
| <b>Department:</b>       | Quality Management And Patient Safety  |                         |                  |
| <b>Document:</b>         | Multidisciplinary Policy and Procedure |                         |                  |
| <b>Title:</b>            | Tubing Misconnection Prevention        |                         |                  |
| <b>Applies To:</b>       | All Medical and Nursing Staff          |                         |                  |
| <b>Preparation Date:</b> | November 10, 2024                      | <b>Index No:</b>        | QM&PS-MPP-013    |
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## 1. PURPOSE:

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

## 2. DEFINITIONS:

- 2.1 **Tubing Misconnections** – are tubes, cables or other hospital equipment connected to the wrong port which may result in patient injury or death.
  - 2.1.1 Tubing or catheter types may include but are not limited to:
    - 2.1.1.1 Intravenous (IV) tubing peripheral or central venous catheters
    - 2.1.1.2 Chest tubes
    - 2.1.1.3 Epidurals
    - 2.1.1.4 Feeding tubes
    - 2.1.1.5 Endotracheal/ tracheostomy cuff inflation tubes
    - 2.1.1.6 Bladder (Foley) catheters
    - 2.1.1.7 Percutaneous nephrostomy tubes
    - 2.1.1.8 Ventriculostomy drainage devices used for head trauma
    - 2.1.1.9 Arterial lines
    - 2.1.1.10 Nasogastric tubes and tubing
    - 2.1.1.11 Intrathecal lines
    - 2.1.1.12 Peritoneal dialysis catheters
    - 2.1.1.13 Automatic blood pressure cuff tubing
    - 2.1.1.14 Bulb drain tubing (Jackson - Pratt)
    - 2.1.1.15 Ventilator tubing
    - 2.1.1.16 Oxygen tubing
- 2.2 **Near Miss** – an error that has the potential to cause an adverse event (patient harm) but fails to do so because of chance or because it is intercepted.
- 2.3 **Trace** – track or follow a tube or catheter from the patient to the point of origin.
- 2.4 **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.

## 3. POLICY:

- 3.1 Patients and families are informed not to connect or disconnect devices or infusions.
- 3.2 High – risk catheters (e.g., IV fluid, PICC line – PINK, oral feeding such as NGT and OGT – GREEN, Central Line such as UAC and UVC – ORANGE, blood transfusion line – WHITE, infusion lines with high alert medications and narcotic drugs - YELLOW) must always be labelled with date and time.
- 3.3 All lines (tubes or catheters) are always traced from the patient to the point of origin before connecting any new device or administering medications or infusion.
- 3.4 All lines (tubes or catheters) are always traced from the patient to the point of origin upon the patient's arrival to a new setting or services as part of the hand – off process. The hospital standardizes this "line reconciliation" process as part of the hand – over communication.

- 3.5 The hospital prohibits the use of standard Luer – connection syringes for oral medications or enteric feedings.

#### 4. PROCEDURE:

- 4.1 Trace all lines back to their origin before making connections.
  - 4.1.1 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 diagnosis imaging as part of the hand – off process.
- 4.2 Do not force connections.
  - 4.2.1 If a connection is difficult to make it may be because the connection is incorrect.
  - 4.2.2 Do not tape, force or otherwise make the connection.
  - 4.2.3 Stop and ask for assistance.
- 4.3 Do not use adaptors unless they are clearly required for the application.
  - 4.3.1 Using an adaptor might permit the connection of two inappropriate components such as two Luer connectors or two different sized parts (male and female).
- 4.4 Inform all non – clinical staff, patients and their families that they must get help from nursing staff whenever there is a real or perceived need to connect or disconnect devices.
- 4.5 Turn on a light in a darkened room before connecting or re – connecting tubes or devices.
- 4.6 For certain high risk catheters (e.g., IV fluids – **PINK**, oral feeding such as NGT and OGT – **GREEN**, Central Line such as UAC and UVC – **ORANGE**, blood transfusion line – **WHITE**, infusion lines with high alert medications and narcotic drugs - **YELLOW**), label the catheter with date and time.
- 4.7 Report all near miss misconnections and discovered tubing misconnections using the hospital occurrence variance report (OVR).
- 4.8 Never use tubes, catheters or connectors for unintended purposes.
- 4.9 If possible, route tubes and catheters having different purposes in different, standardized directions (e.g., IV lines routed toward the hands; enteric lines toward the feet).
- 4.10 Oxygen flow meters are color coded **WHITE**, Nitrous Oxide flow meters are **BLUE**, Medical Gas flow meters are **BLACK** and Vacuum flow meter 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.

#### 5. MATERIAL AND EQUIPMENT:

N/A

#### 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Surgeon
- 6.3 Anesthesiologist
- 6.4 Nurse

#### 7. APPENDICES:

N/A

#### 8. REFERENCES:

- 8.1 The University of Toledo Medical Center, "Tubing Misconnection Prevention", Policy 3364 – 110 – 12 – 06; 2018.



## 9. APPROVALS:

|              | Name                           | Title                                   | Signature   | Date              |
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