

 <p><b>Connecticut Valley Hospital Nursing Policy and Procedure</b></p>	<p><b>SECTION G: PATIENT SAFETY</b></p> <p><b>CHAPTER 24: SAFETY/SECURITY POLICIES AND PROCEDURES</b></p> <p><b>POLICY AND PROCEDURE 24.2 Medical Equipment Utilization with Minimal Risk</b></p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Registered Nurses and Licensed Practical Nurses</p>

**Standard of Practice:**

The nurse will ensure that all patients utilizing all medical equipment will be monitored carefully to assess patient safety throughout its usage. Examples of this include, IV therapy, gastrostomy tubes, tracheostomy, suction, oxygen, total parental nutrition, all types of catheters, nebulizers etc.

**Standard of Care:**

The patient can expect to safely receive medical treatments as prescribed in a safe manner and environment.

**Policy:**

Nursing will assess each patient for utilization of all medical equipment in consultation with the unit psychiatrist, ACS physicians and other clinical staff so that the treatment required will be provided in a safe and therapeutic manner.

**Procedure:**

1. Prior to an order being written for a patient requiring the use of medical equipment, the nurse, psychiatrist, and ACS physician will evaluate the following:
  - a. the patient environment/unit for infection control purposes
  - b. the patient's ability to use equipment with staff or independently
  - c. the overall degree of patient safety on a specific unit to ensure other patients will not interrupt medical treatments( *i.e., disconnect equipment or remove equipment etc.*)
  - d. recommendation of the usage by the manufacture
  - e. recommendation of the individual patient that it is prescribed for as well as the patient's family.
  - f. consultation with the Director and Medical Director of Ambulatory Care Services.

**In the case of new admissions with identified medical supply/equipment needs the required items should be requested through the supply system in advance to ensure that it is on the unit at the time of the patient's arrival. The formal MD order for the required supplies/equipment will be obtained as part of the admission process.**

2. Once the above is assessed and **documented** recommendations are made and an order shall be placed in the medical record by the physician **on a monthly basis to include the** type of equipment, usage, frequency level of observation and room to administer if other than patients regularly assigned unit.
3. All patients on treatment that have visible tubing, i.e. catheters, IV, etc. should at a minimum be on 15 checks while the treatment is being provided. Nursing should be checking the equipment to ensure that it is intact.
4. If medical equipment with tubing is being used, then the treatment rooms or another room with consideration for patient privacy will be utilized. Patients should have a staff member **monitor** them during these treatments.
5. Any non visible tubing that can be covered up with regular patient clothing will not require any direct staff observation, unless other clinical reasons require it.
6. Any patients with multiple tubing/catheter connections shall have each tubing labeled in order to avoid connecting at the incorrect port.
7. Patients with multiple tubing/catheter connections shall also have the nurse trace the tube or catheters from the patient to the point of origin before connecting any infusion to it.

### **TYPES OF EQUIPMENT:**

1. **Nebulizer:**  
Can be administered in a treatment room, porch, patient bedroom along with a nursing staff member.
2. **Oxygen:**  
Can be administered anywhere on the unit or off the unit
3. **CPAP:**  
Can be administered in the patient's bedroom
4. **G Tube Administration:**  
Can be administered in patient's bedroom.
5. **TPN:**  
Can be administered in a single room on the unit with continuous observation.

6. IV Therapy:

Can be administered in a treatment room, patient bedroom, or porch with continuous observation for length of infusion. If on continuous IV therapy, shall be administered in a room on the unit with continuous observation.

**Medical Equipment Checks: CVH 613**

1. When doing census checks for all patients, any patient on medical equipment should be checked separately utilizing CVH -613. Patients utilizing medical equipment are checked for the following: to ensure the equipment is intact, being used as ordered and to ensure patient safety. Any identified problems should be reported to the charge nurse on the unit immediately.

2. List any patients who utilize special equipment on CVH-613. If you have more than 12 patients another form may be utilized.

3. Under the column that states “eqi”(equipment) denote the type of medical equipment the patient is using, by placing a number from the key code on the form. If a single patient has two different types of equipment, list the patient’s name again and type of additional equipment. If the patient requires use of equipment not listed on the form, add the type under other, number 7.

4. Any patients receiving treatments that require continuous observation **require that it is** document in the appropriate time box, # 9. If the patient receives IV antibiotic therapy for 30 minutes and you start this at 10:15A.M. and end at 10:45A.M, then document the #9 in the 15 box of 10:00 and the 45 box of 10:00. If it takes an hour and you start at 2:00p.m. and finish at 3:00p.m., document number 9 in the 2P, 15, 30 and the 45boxes.