Pediatric Patient Safety

Information to read and review

Objectives

After you read this slide show, you will be able to:

• Identify ways to keep children safe in the hospital setting.

• Provide safe care of the child in the hospital.
Management of the Environment of care

• Prevention of accidents and injuries is critical!
  – Child-proof the environment to the fullest extent possible.

• Teach safety to parents and children.

• Learn and Model safe practices for children.

This module will discuss ways to keep children safe in the hospital setting.

Ensure Safety as the Highest Priority

• Before performing any procedure or giving a child medication, practice “time out” to check for accuracy.
  – (Stop & check; check the “rights”).

• When leaving the unit for a break, or reporting on or off duty: “Hand Off Communication” to a covering nurse.
  – Use structured communication during handoffs-
    • SBAR (Situation-Background-Assessment-Recommendation).

• Voluntarily report occurrences (an unusual event or incident involving your patient).
  – To identify system problems & prevent future errors.
  – To keep patient safe/ free of adverse consequences.
Ensure Safety as the Highest Priority

• Practice teamwork.
  – Get help with an active toddler if indicated.

• Include patients and families in activities.
  – Demonstrate safe practices.

Ventilator and Equipment Safety

• **Alarms**: Do not silence ventilator or pulse oximeter alarms without your instructor, a nurse or respiratory therapist in attendance with you.

• **Ventilators**: When moving your patient:
  – **Do not re-plug** the ventilator to wall.
    • The RT is responsible for this function, and must ensure its operation.
  – **Don't change settings** on the ventilator or pulse oximeter.

• For difficulty breathing, cyanosis, or decannulation:
  **CALL FOR HELP**!
  – This is an emergency.
FACT: 60% of infant suffocation occurs in the sleeping environment.

CAUSES OF SUCCOFICATION:

• Infant face wedged against or buried in a mattress, pillow, infant cushion or other soft bedding.

• Person in the same bed rolled over onto the baby.

• Baby's mouth and/or nose covered by plastic bag or other item in bed.

PREVENTION:

• Keep plastic bags out of reach of child!
  – Use pillowcase or cardboard box for toys and/or clothes going home.

• Latex balloons are prohibited. Use Mylar balloons instead.

• Remove excess pillows, comforters, stuffed toys from cribs.

• Remove hygiene items, diapers and non-essential items from cribs.

• Use infant sleeper garment or swaddle to keep the infant warm; tuck a light blanket that goes no higher than the chest.

• Follow “Back to sleep” safety for infants under 12 months.

• Place infants to sleep in infant crib/bed, not chairs or other soft surfaces.

• Parents/guardians should be discouraged from sleeping in bed with small children or infants.
FACT:

8,000 to 10,000 Emergency Department visits annually are related to furniture tipping over (mostly children). *

Serious injuries or death occur as a result of climbing on furniture: e.g. shelves, bookcases, dressers, TV stands, etc.

PREVENTION:

- Heavy items: Keep on lower shelves and in drawers.
  - TVs, equipment or toys within reach might entice climbing behavior.
- Tie up loose cords:
  - Pulling or tripping on an electrical cord might pull an appliance off a stand and cause head injury or death.
  - Hanging blind cords may also pose a strangulation hazard.
Hazards for small children:  
Entrapment

FACT:
Children, especially toddlers, look for places to hide when playing. Hazardous hiding places include:

- Hospital beds and cribs.
- Under equipment.

- Electrical beds can pose a serious risk if controls are activated and child becomes entrapped under the bed.
- Limbs can become pinched or caught in equipment.

- Toddlers and Preschoolers should not be allowed to play with bed controls.

PREVENTION:

- Leave beds in lowest position when not performing care.
- Lock out the bed controls to prevent small children from activating bed movement.
- Minimize storage of toys under beds to discourage children from climbing under bed.
- Mattresses should fit bed frame snugly. Report missized bedding to charge nurse, unit or shift manager.
Hazards for small children: Toys & Choking

FACT: Choking is a leading cause of death in infants and small children.

PREVENTION:
• Choose age-appropriate toys.
  – Look for choking hazard safety labels.
• Inspect toys regularly for damage:
  – Small, loose pieces
  – Sharp edges
• Dispose of unsafe toys.
• Use small parts tester.

Remember:
Toys smaller than the inside diameter of a toilet tissue tube are too small.

Nosocomial Infection Prevention

FACT: Many microbes can live for days, weeks and even months on surfaces.

Infection Prevention:
• Do not share soft, fluffy toys between patients.
• Clean hospital toys between patients.
  – Cleaning with antimicrobial wipes, mild soap and water, or dishwasher are all acceptable methods.
• Supervise children at play.
  – Pay particular attention when older children are playing with or around infants.
**Transportation Safety**

**FACT:** Connecticut law requires proper seat belt restraints and car seats for children.

- Children who are transported to and from the hospital will use appropriate transport safety devices.
- Upon discharge, staff escorting the parents will verify car seat placement in the vehicle and document accordingly.

**Out Passes:**

- Prior to pass with parent/guardian:
  - Staff will verbally confirm use of a car seat, seat belt or other approved devices/vehicles specific to the child's needs.
- Copy completed "Out-on-pass" form;
  - Provide copy to the family; keep copy for medical record.
  - If staff bring child to the guardian's vehicle and an appropriate safety device is not visualized or properly installed, patient may not leave the facility until one is obtained and properly installed.
    - HSC does not loan car seats.
  - Contact Unit or Shift Manager for support if needed.
Congratulations!

- You have completed this module.
- Please ask questions of staff or clinical instructor if needed!