NURSING PROTOCOL - MUHC

☒ Medication included ☐ No Medication included

THIS IS NOT A MEDICAL ORDER

Title: Nursing protocol for the administration of topical anaesthetics for venipuncture, peripheral intravenous catheter insertion and implanted port needle insertion

Classification number:

This nursing protocol is attached to:

Collective Order for the administration of topical anaesthetics for venipuncture, peripheral intravenous catheter insertion and implanted port needle insertion

EMLA (Lidocaine and prilocaine) medication administration policy

Ametop (Tetracaine 4%) medication administration policy

1. PURPOSE

• To provide guidelines for the application of topical anaesthetics (EMLA or Ametop) for the pediatric population at the MCH for venipuncture, peripheral intravenous catheter insertion and implanted port needle insertion.

• To harmonize practice across the mission and patient population.

2. PROFESSIONALS AND PATIENT POPULATION

Professionals:
Nurses practicing at the MCH who have completed the required education module

Nursing assistants may apply a topical anaesthetic for venipuncture, peripheral intravenous catheter insertion and implanted port needle insertion in the context of the collective order for topical anaesthetics provided the initial assessment of the patient’s suitability has been done and documented by a nurse.

Patient Population: All inpatients and outpatients at the MCH requiring venipuncture, peripheral intravenous catheter insertion or insertion of a needle into an implanted port

3. ELEMENTS OF CLINICAL ACTIVITY

Professionals are responsible to know the limits and extent of their practice as related to the particular protocol.

Equipment needed:
Topical anaesthetic: EMLA or Ametop (Tetracaine 4%)
Semi-permeable transparent film dressing
Non-sterile 2X2 gauze

Materials required for venipuncture, peripheral intravenous catheter insertion or implanted port needle insertion
**Procedure:**

1. Determine whether EMLA or Ametop is appropriate for the particular patient based on child’s age
   - For patients less than 37 weeks gestation, use of topical anaesthetics is contraindicated
   - For patients between 37 weeks gestation and 1 month of age, use EMLA
   - For patient > 1 month of age, use Ametop or EMLA
2. Ensure patient does not have an allergy to the chosen topical anaesthetic.
3. Ensure patient does not have any contraindications to the use of the chosen topical anaesthetic. **Should the patient have a contraindication, consult with the physician. A medical order is required.**
4. Ensure the area for application of the topical anaesthetic is clean and dry. Ensure skin is intact.
5. Explain procedure to patient and family.
6. Perform hand hygiene according to MUHC Infection Control Policy and don gloves.
7. Apply topical anaesthetic according to the dosage guidelines in the medication administration policy.
8. Cover with a semi-permeable transparent film dressing.
9. Wait recommended time for topical anaesthetic to take effect. **Do not exceed recommended time of application.**
10. Remove semi-permeable transparent film dressing, don gloves and wipe away any residual gel or cream with non-sterile gauze.
11. Perform venipuncture or Huber needle insertion according to procedure described in the vascular access manual.
12. Document name of medication, amount applied and location in the PRN section of the medication administration record. Document procedure in the nursing notes.

**Medications (if necessary):**

Refer to the EMLA or Ametop (Tetracaine 4%) medication administration policy.

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**Consultants:**

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Anne Choquette, CNS Pediatric Hematology Oncology
Lyne Boisvert, NPDE NICU
Nursing Practice Development & Quality Management, Jan. 2009
4. APPROVAL PROCESS

**Departmental mandate**

<table>
<thead>
<tr>
<th>Department</th>
<th>Authorizing nursing leader (Print)</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Nursing</td>
<td>Barbara Izzard</td>
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<tr>
<td>Pediatric Medicine</td>
<td>Dr. H. Rich</td>
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<td>Pediatric Surgery</td>
<td>Dr. J. P. Farmer</td>
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<td>Pediatric Hematology Oncology</td>
<td>Dr. B. Whittemore</td>
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**Institutional and professional approval**

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<tr>
<th>Committees</th>
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<tr>
<td>Pharmacy and Therapeutics Pediatrics (if applicable)</td>
<td>2009-11-09</td>
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<td>Adult Pharmacy and Therapeutics (if applicable)</td>
<td>[yyyy-mm-dd]</td>
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<td>MUHC Adult Site Medication Administration Policy (MASMAP) (if applicable)</td>
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<td>MUHC Pediatric Medication Administration Policy (PMAP) (if applicable)</td>
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<td>[yyyy-mm-dd]</td>
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<tr>
<td>Nursing Executive Committee and Council of Nurses (NEC and CN) (if applicable)</td>
<td>2009-12-21</td>
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<tr>
<td>Multidisciplinary Council (if applicable)</td>
<td>[yyyy-mm-dd]</td>
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<tr>
<td>MUHC Central Executive Committee of Council of Physicians Dentists and Pharmacists Committee (ECPDP) (Obligatory if attached to a collective order) — Final approval</td>
<td>2010-02-05</td>
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<td>Signature of Chairperson: _______________________________________________</td>
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5. REVIEW DATE

To be updated in maximum of 5 years or sooner if presence of new evidence or need for practice change.

6. REFERENCES


