

NIAIC MEDICAL DEVICES ONE LINERS

ALL medical devices can fail but an increasing number of incidents which result in significant morbidity or mortality arise out of user/device interface problems or because of poor practices. The aim of this news sheet is to detail briefly some of the problems in an attempt to make users more aware of what can go wrong.....it is all too easy to take equipment for granted. The majority of these problems have been reported by the NHS to the Medical Devices Agency (MDA), but the lessons learned are applicable to the HPSS and the wider health and care community in Northern Ireland.

OIL SKIN?

There continue to be reports of latex gloves tearing.

Oil can weaken and degrade latex, reducing the glove's protection. Avoid using oil-based lotions, and moisturisers (e.g. those that contain lanolin, mineral oil, petroleum, coconut oil or palm oil as main ingredients). If you are uncertain about compatibility, check with the lotion manufacturer.

UP THE SPOUT!

There are continued reports of pre-filled glass syringes used in emergency procedures becoming blocked when used with some types of needleless IV connectors due to a piece of the connector becoming lodged in the nozzle. Although there is no danger of the plastic being expelled into the IV line, there is the potential for delay in administering treatment due to the blockage.

Always ensure that pre-filled syringes are compatible with the needleless IV connectors. Details of the size limits to ensure compatibility are provided in the information supplied with the connector by the manufacturer.

SAFE TO SERVICE?

NIAIC is reviewing our guidance on the decontamination of equipment prior to inspection, service or repair.

Staff should following existing guidance on decontamination of equipment prior to inspection, service and repair as contained in Professional Estates Letter PEL(94)34.

ISSUE
2002/06

Published by NIAIC, part of Health Estates, an executive agency of the Department of Health, Social Services and Public Safety. We investigate problems arising from the use or misuse of medical devices, non-medical equipment, buildings and plant. If you would like to discuss or report an incident please contact us on 02890523714, e-mail NIAIC@dhsspsni.gov.uk, website www.dhsspsni.gov.uk/niaic.

TIP-OFF?

There are continued reports of wound drains breaking on removal, leaving part of the drain in situ. In some instances the remaining piece has not been detected until later, and sometimes required surgical intervention.

Users should take care not to damage the drain on insertion when sutured in position, during dressing changes or when the suture is removed. A measurement of the length inserted should be taken and this measurement retaken and checked (allowing for incremental shortenings) together with an inspection of the distal end of the drain at the time of removal.

FREEZE FRAME

There have been reports from some users of automatic cycling non-invasive blood pressure monitors (NIPB monitors) that they were unaware that a BP reading is displayed until the next reading is taken. In these cases the sampling rate had been set to one hour. Therefore the displayed BP may not reflect the current situation.

If NIBP monitors are used to monitor critical care patients, the time between readings should be set to an appropriate rate taking account of the patient's condition. The choice of monitor in such circumstances should be carefully considered.

MORTAR - LITY?

There has been seen a steady increase in reports of deaths associated with the use of acrylic bone cement in joint replacement surgery (6 reports in a 12 month period). Hypotension on application of bone cement is well documented but the actual incidence of severe hypotension and cardiovascular collapse is not known.

Please inform NIAIC of any severe adverse events resulting from the use of bone cement. We will pass this information on to MDA It may be that MDA need to take further action but this will depend on the actual incidence of this problem



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