

RESTRICTED EXTREMITIES: A PATIENT SAFETY CONCERN

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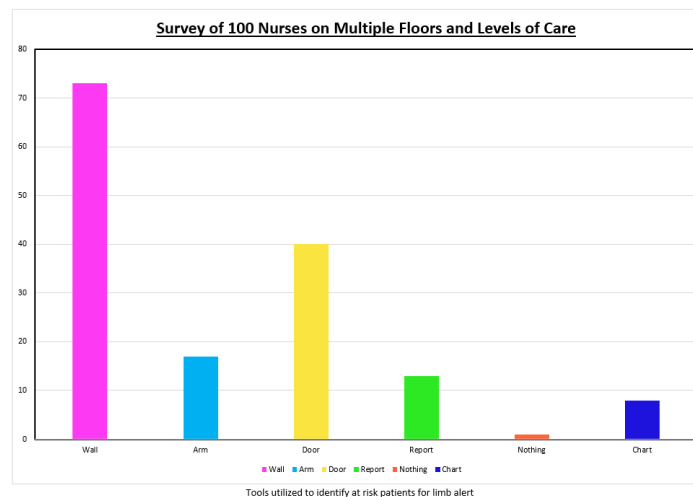
BACKGROUND

Patient safety is the number one goal within the Hospital. It is the mission of University Medical Center of Southern Nevada, “to serve our community by providing patient-centered care in a fiscally responsible and learning-focused environment (UMCSN 2022).

- Upper extremity limb precautions are recommended for patients who have a permanent arteriovenous access for hemodialysis, who undergo axillary lymph node dissection (ALND) or sentinel lymph node biopsy (SLNB) to lower the risk lymphedema and prevent damage to the fistula. Limb precautions involve avoiding use of the affected arm for point-of-care testing, venipuncture, and blood pressure management, all of which can affect quality of life and create delays in care. It was found that within the past year there was reported 12 cases of restricted extremities being utilized at UMCSN.
- Juanita had firsthand experience where a patient came down to the preoperative area with an IV in a patient that had ALND to that extremity. Patient arrived and affected extremity was swollen. Arm was then marked with “NO IV/BP ON THIS ARM,” a sticky note was placed in patients electronic health record, and sign was placed on the patients gurney.
- Another scenario a nurse had experienced in the preoperative area where a patient had a new AV fistula in the arm. That extremity was accessed with an IV.
- The last most recent scenario came about where the patient themselves had told the nurse that they could access the restricted extremity where a AV fistula was in place. Reason being the other extremity was being utilized for surgery.

PURPOSE

To have a standardized process that identifies patients with limb restrictions for the purpose of invasive and non-invasive procedures. This review provides a summary of the evidence regarding limb precautions and evidence-based interventions to lower the risk of lymphedema after ALND or SLNB, as well as prevent clotting or stenosis to a fistula.



RESULTS

The most given answer for patients required to have a restricted extremity are those with lymph nodes removed, AV fistula, as well as a DVT. Most nurses on the units are currently utilizing a sign on the wall (73%) to alert others of an restricted extremity, but the question remains how is it notified to other staff when patient is transferred. The nurse stated that they use word of mouth via SBAR handoff. Of the 100-nurse surveyed none experienced a restricted extremity being utilized. They expressed what would better help would be an armband or standardized signage in the room/door.



METHODS

Research was conducted attaining evidence-based practice articles on the risks of utilizing a restricted extremity. Two articles were found where one focused on the risk of utilizing a breast cancer related extremity with lymphedema and another with the risk of accessing an extremity with an AV fistula increasing the risk of thrombosis.

We conducted a survey within University Medical Center of Southern Nevada and went to all the units across different levels of care within the hospital and surveyed one-hundred nurses.

Questions:

- What type of patients are required to have limb alerts?
- What is/are being utilized to identify patients at risk with restricted extremities?
- How is the information relayed to other Hospital Staff?
- Have you experienced an issue where patients restricted extremity was being utilized for either an IV or blood pressure? What was your intervention to this issue and was an SI filed?
- What would help you better identify a restricted extremity?

CONCLUSIONS

We are now utilizing the data collected to create a policy in place to have a standardized method in identifying a restricted extremity. We are in contact and working with both our Manager Stephanie Chavarria and CNO Deb Fox in creating and submitting a policy. The next step in our research project is ordering limb alert/restricted extremity armbands to place on patients and implementing them into practice. Our goal is to eliminate preventable adverse outcomes regarding the use of a restricted extremity. Patient safety is our number one priority.

REFERENCES

References available upon request

