**TAMPER DETERENT AND DETECTION DEVICE FOR INTRAVENOUS DRUG ABUSER (IVDA)**

**INDICATIONS FOR USE:** The device is intended to be used as an accessory to vascular access lines as a means of lessening the risk of unwanted flow through the line, to help safeguard against accidental medical error, and to deter and make evident attempts to tamper with or remove the device.

**RATIONALE/PRINCIPLE:** IVDA patients may choose to inject substances that may cause a blood stream infection and/or central line blood stream infection (CLBSI) which increases length of stay, as well has the potential to be lethal. If we can deter and/or detect tampering with an IV line we can protect the patient and potential litigation due to a preventable incident.

**EQUIPMENT:**

* The Neuma protection clamp

**PRECAUTIONS & KEY POINTS :**

* Contraindication, cautions, and warnings:
1. Do not attempt to re-use this single use device.
2. Ensure that the infusion lumens are properly placed within the clamping area of the device as instructed in the Directions-for-use.
3. This product is not intended for use with a Quinton catheter (for hemodialysis).

|  |  |
| --- | --- |
| **ACTIONS** | **EVIDENCE/KEY POINTS** |
| 1.Should a patient with a history of recent IVDA require IV therapy and it has been decided by the care team that the patient is at risk for tampering with the line for the use of illicit IV drug use, the nurse shall obtain a order from the physician for the clamp to be applied. | Provider and care team should collaborate and orders obtained to use the device. A nurse may place the device and then call the provider if they feel it is urgent. If the team has decided the patient is at risk to tamper, or it is evident via drug test, history, and/or change in mentation, and the provider does not order the clamp the staff member may notify the NOD and/or patient safety. If a patient tampers with his clamp (breaks it open, or rotates the knob rendering it inoperable) and the patient is diagnosed with positive blood cultures, then the blood stream infection (BSI) is not reportable as a central line blood stream infection or CLABSI, it is then only considered a BSI due to it being tampered with. |
| 2.Should the patient refuse the use of the clamp the Nurse shall immediately notify the provider or MOD, NOD and Vascular Access nurse.  | The patient is at risk for IVDA, overdose and potentially death. |
| 3.If the clamp is broken the Nurse is to notify the provider immediately, and monitor VS.The Nurse will reapply a new clamp immediately.  | The patient may require a drug screen, or if signs or symptoms of overdose narcan or romazacon may need to be administered.  |
| 4.Application-Open the pouch and dremove the device.Place the desired lumen or lumens into the clamping area of the device. The device is to be placed between the hub and the luer or leurs. Ensure the lumen or lumens are between the two retaining wall features. Press the device closed until it snaps shut.  | Ensure that the clamp can be easily removed without IV dressing disruption.  |
| 5.Removal-Rotate the knob clockwise to break the device closure.Remove the device and dispose of it properly.  | The clamp is a one time use device.  |
| 6. Reapply clamp when IV therapy has been completed. If there is suspicion that the patient may tamper with the ports of the IV tubing during infusions then immediately notifiy the provider as a 1:1 observation may be required while the infusion is taking place. | Prevention of tampering and potential for harm to patient.  |

**DOCUMENTATION:**

1.Document procedure in patient’s electronic record.

2.Document any negative outcomes. Notify the provider for clamp breakage, refusal, signs or symptoms of overdose (change in mental status, vital signs) leaking fluid from the tubing or ports (may have injected into port or tubing).

**PATIENT EDUCATION**:

 1.Explain procedure to the patient and that he/she will be closely monitored. Explain to the patient that this is a device that will protect the patient from risk associated with potential for infection and/or overdose while in the hospital or getting outpatient IV treatment. That treatment without tampering is intended to protect patient and will help to limit his length of stay.

**REFERENCE:**

Obtained April 2019 from www.neumainnovations.com

**DOCUMENT REVIEWED/REVISED BY**:

Traci Tortorici RN, BSN

Bridget Sarfino RN, BA, BSN, ND

**REVIEW DATE:**

**REVIEWED/APPROVED:** *(Signature(s) and/or electronic concurrence(s) are saved on Patient Care Services SharePoint database).*

Reviewed by Nurse Exec:

*//ORIGINAL SIGNED//*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Robert E. McCorgary MA, BSN, RN

ACNE/Inpatient