



## Paediatric Intensive Care unit Nursing Procedure: Application of arm Splints

**Arm Splints are applied to children on PICU when one or more of the following applies:**

- The child has a critical airway
- The child is adequately sedated as assessed with unit assessment tool and pain free but unco-operative
- The child is repeatedly attempting to grab at their:
  - Endo-tracheal tube
  - NG/NJ/PEG tube
  - Essential drains
  - Essential IV or IA Lines
  - Urinary catheter
  - Items used to monitor them despite analgesia and sedation
- Child at risk of contaminating major wound sites
- A consultant specifically requests their use due to clinical risk despite optimizing sedation and analgesia

Arm Splints are only used on younger children where they cannot understand the reasons for the equipment we are using or they are confused with the medication being administered as part of their PIC treatment.

**Restraint may only be used when it is necessary to protect the person from harm and is proportionate to the risk and likelihood of harm occurring. Unlawful restraint may give rise to criminal or civil liability**

The PIC nurse must ensure that if splints are applied this is being TO PREVENT HARM.

The Human Rights Act and the UN Convention of the Rights of the child state that every adult and child is entitled to:

- Respect for his or her private life
- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security
- The right not to be discriminated against in his or her enjoyment of these rights

Parents should be given an explanation prior to the application of splints if possible.

Staff should follow Algorithm guideline when applying splints.

## **Application of splints**

Measure the child's arm from armpit to wrist

Select appropriate splint from store

Apply using Velcro straps

Splints are for single patient use only

Once splints have been applied:

- They should be taken down every 4 hours to relieve pressure and to check for marks
- Any marks should be recorded on care plans.
- If the child has I.V, I.A. lines under their splints, it will be necessary to take the splints down 2 hourly. (Arterial lines should be checked hourly)
- Use of splints should be reassessed at least daily, on the morning ward round, together with sedation and analgesia assessment.

The restraint of older children and adults is not covered in this guideline as it requires comprehensive referencing and careful consideration and is not usual practice in children's critical care.

## **References**

**Policy on the Restraint of Patients Children and Adults – Jane Buswell - University hospitals Bristol NHS Foundation 2010**

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