Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/ Adverse Event Information

Medical Safety Information

No.90, May 2014

Catheter or Tube Erroneously Cut with Scissors

Seven cases have been reported involving a different catheter or tube being cut in error when trying to cut medical supplies or medical device with scissors (information collection period: from January 1, 2011 to March 31, 2014; the information is partly included in “Individual Theme Review” (p.160) in the 36th Quarterly Report).

Cases of a different catheter or tube being cut in error when trying to cut medical supplies or medical device with scissors have been reported.

Purpose of Cut	Item Meant to Be Cut	Item Cut in Error	Number of Cases
To adjust the length or size	Tape fixing an endotracheal tube in place	Cuff inflation tube of endotracheal tube*	2
	Gauze	Cuff inflation tube of endotracheal tube*	1
	Endotracheal tube	Catheter of closed tracheal suction system	1
To cut the fixing sutures when removing a catheter	Sutures fixing central venous catheter	Central venous catheter	1
	Sutures fixing epidural catheter	Epidural catheter	1
	Sutures fixing continuous intercostal nerve block catheter	Continuous intercostal nerve block catheter	1

* Cuff inflation tube attached in order to inject air into the endotracheal tube cuff

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Case 1

When refixing the patient's endotracheal tube in place, the nurse prepared a piece of tape 45cm long. When the nurse used scissors to cut the tape at the right cheek because the tape fixing the tube in place was too long, s/he also cut the cuff inflation tube of the endotracheal tube. The physician immediately extubated the patient and re-intubated him/her.

Case 2

When removing the central venous catheter, the physician used suture removal scissors to cut the sutures sewn into the skin near the insertion site, but s/he also cut the central venous catheter. When chest and neck X-rays were taken, the physician ascertained that the severed remnant of the central venous catheter was under the skin on the right side of the neck. A small incision was subsequently made in the skin under local anesthesia and the remnant of the catheter was removed in an ultrasound-guided procedure.

Preventive measures taken at the medical institutions in which the events occurred.

- **Staff will ensure that catheters or tubes are placed out of the way before using scissors.**
- **Staff will check the position of the catheter or tube before cutting fixing sutures.**

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the "Comprehensive Evaluation Panel" to prevent the occurrence and recurrence of medical adverse events. See quarterly reports and annual reports posted on the Japan Council for Quality Health Care website for details of the Project.
http://www.med-safe.jp/

* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.

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