

# Pediatric Quality & Safety

March 2026

---

## Patient Safety Awareness Week

Patient Safety Awareness Week, an annual recognition event sponsored by the Institute for Healthcare Improvement (IHI), with the goal of bringing more attention to health care safety and to recognize the work already being done. At UGCH, the safety of our patients is at the center of everything we do. It's our mission to provide safe and effective care while continuously working toward our goal of zero preventable harm by partnering with the Children's Hospitals' Solutions for Patient Safety (SPS) and following evidence based practice.



UPSTATE  
SAFETY HEROES

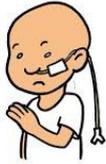
As we close out Patient Safety Awareness Week for 2026, thank you for your continued commitment to supporting a culture of proactive safety! 🦸

### **Curiosity, Compassion, and a Commitment to Pediatric Safety**

Check out this weeks OneUp story submitted by Bridgett Langstaff highlighting Pediatric Safety in the Children's Hospital! 📖 [Curiosity, Compassion, and a Commitment to Pediatric Safety](#).

---

## Practice Changes/Reminders



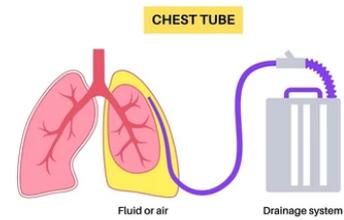
### Feeding Tube (NGT) Placement in IR/3N

- If you would like Peds Anesthesia to place an NGT (feeding tube) while a patient is in 3N or IR, please send the feeding tube with the patient
- Only salem sumps are stocked in these locations
- **Send 2 of the tube you want placed with the patients chart**
- ★ **PICU** - this is also for temp sensing foleys, send with the patient as these are not stocked in 3N



### NO Coban Over PIVs

- Do not use Coban to secure PIVs
- We have had significant infiltrates and skin breakdown from Coban in the past for this use
- If a patient arrives to the floor with Coban covering their PIV, please remove it and replace with an approved overing (ie. bandnet or tegaderm)



### Chest Tube Policy Updates

- Dressing Changes: only change if saturated and nonocclusive. If possible, reinforcement should be attempted prior to changing the dressing to avoid accidental tube removal.
- Bedside Safety: Keep Vaseline gauze and occlusive dressing at bedside
- [CM C-11 Chest Tubes](#)



### Resident Sign Out

- Resident sign out is between 0600-0630 and 1730-1830
- During this time, to support a safe handoff, the residents should only be called for urgent or emergent needs
- Use the "send urgent message" function on vocera
- If you aren't getting a timely response, use your chain of command and call the attending



### New Humpty Dumpty Signs

- Humpty Dumpty has a fresh new look 🥚
- New signs will be coming soon!
- These should be placed on the door for all high risk patients (HD score  $\geq 12$ )

Surgical Airway	
Surgical Airway Properties	
Status	
Site Assessment	
Cuff Pressure (cm H2O)	
Site Care	
Inner Cannula Care	
Ties Assessment	
Are there skin issues?	
Trach Change Completed	
Trach Change Due	

### Last Trach Change

- Remember to document the last trach change in Epic under the surgical airway
- Trachs should be changed monthly.
- Do not discard custom trach tubes. These will be sent to sterile processing to be cleaned and returned to patient.

## 11G Admissions: New Policy



- All peds hem/onc or peds nephro patients will be admitted to 11G regardless of symptoms.
- **Off service patients admitted to 11G must be asymptomatic for respiratory or GI illness.** Patients with N/V and/or diarrhea must have a confirmed non-infectious source (ie. constipation or surgical source - ie. Appendicitis).
- Off service patients with uncovered or uncontained draining wounds cannot be admitted to 11G
- New Policy: [PED A-02 Admission of Infectious Patients to 11G](#)

## Small Central Lines ( $\leq 2.6\text{Fr}$ )

- We may see these small lines in patients transferred from the NICU
- PED C-07 Pediatric
- These lines require a continuous infusion of heparinized fluids (1unit/1ml) at a minimum rate of 1ml/hr. They cannot be hep locked due to high risk of clotting.
- No blood draws or blood transfusions in lines  $\leq 1.9\text{Fr}$
- [PED C-07 Pediatric Central Lines: Maintenance & CLABSI Prevention](#) has been updated to reflect the above and appendix B has been added for a quick reference ☺

**Appendix B – Pediatric Central Line  $\leq 2.6\text{ Fr}$  Quick Reference**

	PICC	
	$\leq 1.9\text{Fr}$	2.6Fr
<b>Not in Use (“Hep Locked”)</b>		
	<b>Do not Hep Lock</b>	<b>Do not Hep Lock</b>
<b>Heparinized Infusions (1 unit/1ml)</b>		
	<b>Continuous @ min rate of 1ml/hr</b>	<b>Continuous @ min rate of 1 ml/hr</b>
<b>Blood Products/Draws</b>		
<b>Blood Sampling</b>	<b>No</b>	<b>Yes</b>
<b>Blood Transfusion</b>	<b>No</b>	<b>Yes</b>
<b>Clave Change – avoid changing more frequently than every 24 hours unless obtaining a blood culture</b>		
<b>Routine</b>	<b>Q 4 days</b>	
<b>Following:</b>		
<b>Blood Sampling</b>	<b>N/A</b>	<b>N/A – do not change for blood specimen collection unless drawing blood cultures</b>
<b>Blood Transfusion</b>	<b>N/A</b>	<b>Within 24 hours of blood or blood product administration</b>
<b>TPN (w/lipids)</b>	<b>Q 24 hours</b>	
<b>PN (no lipids)</b>	<b>Q 4 days</b>	
<b>Propofol</b>	<b>Q 24 hours</b>	
<b>Tubing Change</b>		
<b>Routine</b>	<b>Q 4 days</b>	
<b>Following:</b>		
<b>Blood Transfusion</b>	<b>N/A</b>	<b>Infuse no more than 2 units per administration set</b>
<b>TPN (w/lipids)</b>	<b>Q 24 hours</b>	
<b>PN (no lipids)</b>	<b>Q 4 days</b>	
<b>Propofol</b>	<b>Q 12 hours</b>	
<b>Dressing Change</b>		
<b>Transparent</b>	<b>Q 7 days unless soiled or site compromised</b>	
<b>Gauze</b>	<b>Q 2 days unless soiled or site compromised</b>	
<b>CHG Disc (Biopatch)</b>	<b>Yes</b>	
<b>2% CHG Treatment</b>		
<b>&lt; 2 months old</b>	<b>Every other day</b>	

## New Port Dressings

- CHG dressings are NOT used in the Children's Hospital due to lack of evidence

- Port dressings will be changing to the below 3M Tegaderm dressing
- The 3M Tegaderm CHG Gel Pad will be included in the port kits. Please **do not use this** - it may be discarded
- To squash any rumors - yes...you CAN use cavilon under the adhesive of these dressings



## Sumatriptan (Imitrex) Autoinjectors

- Imitrex is used to treat acute migraine headaches
- Doses available 3mg or 6mg
- Recommended injection sites --> side of the thighs or arms

## Sumatriptan Autoinjector: Instructions for use

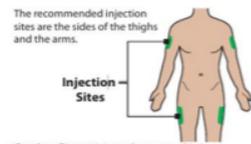
The sumatriptan autoinjector is a single use prefilled device intended to deliver the exact ordered dose and will be available in 3 mg and 6 mg doses as subcutaneous autoinjectors.

### Prepare for injection:

1. Inspect the injection pen window to ensure that the solution does not look discolored, cloudy or has particulate matter visible.
2. Wash hands.
3. Choose and prepare the injection site

### Injection Site:

4. Needle penetrates  $\frac{1}{4}$  inch of skin; use in areas of the body with adequate skin and subcutaneous thickness



**Caution: Do not inject where your skin is scarred, bruised, tender, red or near any open wound.**

5. Clean injection site with alcohol swab.

### Administering the injection:

6. Pull cap straight off the pen.
  - a. Inspect cap to ensure needle cover is inside cap (and has been removed) Do not use if needle cover is not inside cap.

### 3 mg autoinjector (with Yellow needle guard).

7. To activate the injection
  - a. Press and hold the autoinjector firmly against the skin until you hear an initial 'click' -- initiates the injection
  - b. Continue holding until you hear a second 'click'.
    - i. **HOLD** the injector in place & count to 5 slowly
    - ii. Remove injector by lifting straight away from skin



### 6 mg autoinjector (BLUE button on top)



8. Press pen flatly against patients prepared skin at 90° angle pushing to the stop point to engage safety lock.

\*If the pen is firmly pressed against the skin, the safety lock is deactivated; the pen could fire unintentionally if the blue button is pressed by accident. **Do not attempt to re-engage the safety lock at any time. \***

- a. While pushing the pen against the patient's skin: firmly press down the blue button on the top of the pen until it will not go further.
- b. A 'click' indicates that the injection has started.
  - i. Monitor the injection through the window to ensure the entire dose is injected.
- c. When the injection is complete, keep the pen against the skin for 5 additional seconds to ensure all the medication is injected.
- d. Remove the autoinjector from the patient's skin by lifting straight off the patient's skin to allow the needle guard to drop down or retract the needle.



### Post Injection

9. Do NOT rub injection site.
10. Dispose of autoinjector pen in sharps container.

For Instructional Use Only. Reviewed 2/17/2026 KES; Rev M. Lange CNE Zembrase Syntouch. Package insert. Promius Pharma LLC; 2019.

1. Sumatriptan Succinate. Package insert. Dr Reddy's Laboratories Inc. 2022.

Pediatric Skills Fair  April 14th



## Policies, Patient Education & Forms - oh my!

### Reviewed & Revised

- [CM C-11 Chest Tubes](#) - Check dressing and system integrity Q4 hours, change dressing only if saturated and nonocclusive, keep Vaseline gauze and occlusive dressing at bedside
- [PED C-07 Pediatric Central Lines: Maintenance & CLABSI Prevention](#) - guidance added for lines  $\leq 2.6\text{Fr}$
- [PED I-06 Pediatric Iatrogenic Withdrawal Syndrome and Withdrawal Assessment Tool in PICU Patients](#) - added "PICU" to title, added PED W-02 (WAT for acute care) for reference

### New!

- [PED A-02 Admission of Infectious Patients to 11G](#) - provides guidance on symptomatic and asymptomatic patients to be placed on 11G

Event Information

**Proactive Safety Leadership Rounds**

When?

**Thursday, Apr 2, 2026, 02:00 PM**



.....

---

## 🌟 Culture Corner 🌟

🌟 see Bridgett Langstaff for more safety essentials 🌟

### Safety Hero Highlight

Please join us in celebrating **Becca W, RN on 11E** as our next Safety Spud Recipient! Becca's diligence and use of error prevention tools helped prevent a potential underdosing of a medication. Thank you for elevating your concerns and helping to keep our patients at UGCH safe! #safetyfirst

February 2026

Congratulations,  
Becca!





# Be a Safety Hero



## HOW?

Tell me your spud-tacular catches, what's making you salty, and how you've peeled away safety issues using your ERROR PREVENTION TOOLS!

---

## WHAT TOOLS?

**The Name Game:** introduce yourself and request others do the same

**ARCC:** **A**sk a question, **R**equest a change, voice your **C**ONCERN, use **C**hain of Command

**STAR:** **S**top **T**hink **A**ct **R**eview (use a safety pause)

**QVV:** **Q**ualify the source, **V**alidate content, **V**erify with an expert

**Stop and Resolve:** if uncertain → review the plan and resolve the concern *BEFORE* proceeding

**3-Way Communication:** use repeat back to confirm information being sent and received

👉 ASK clarifying questions

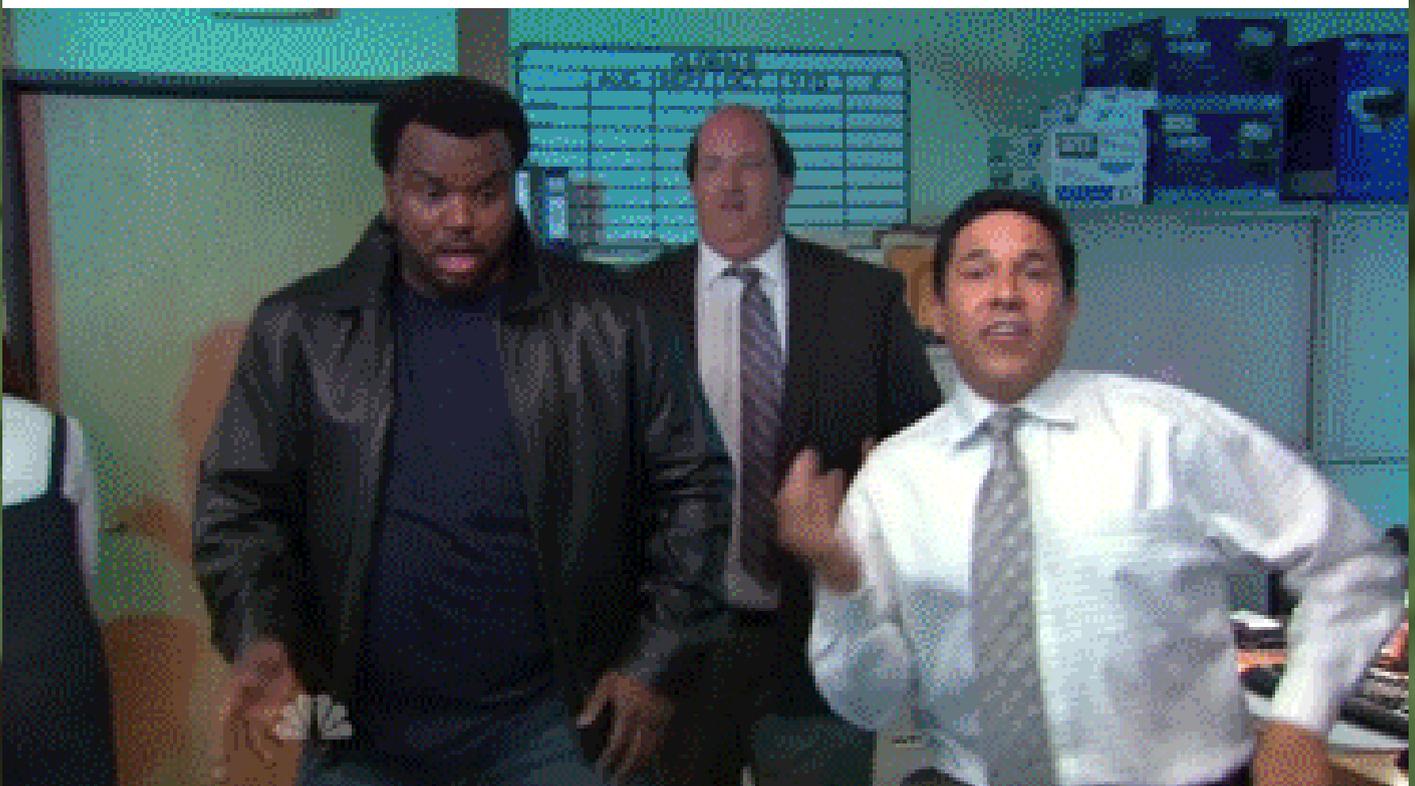
**SBAR:** use the tool for safe handoff and communicating concerns

👉 **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation

---



UGCH is 100 Days CLABSI Free!!



---

## Quick Links

[Submit a Good Catch or Safety Improvement Idea Here!](#)

[UGCH Superhero of the Month Nomination Form](#)

[Pediatric Clinical Pathways](#)



**Michelle Jeski**

Michelle is using Smore to create beautiful newsletters