

# ONE LINERS

MHRA

## Don't teach your Grandma.....

**ALL** medical devices can fail but an increasing number of incidents that result in significant morbidity or mortality arise out of user/device interface problems or because of poor practices. The aim of this news sheet is to detail briefly some of these problems in an attempt to make users more aware of what can go wrong – it is all too easy to take equipment for granted.

### Drop Zone?

We continue to receive reports where ceiling mounted ancillary equipment, eg operating lights/injector pumps becoming loose, and in some cases fall down, with the potential for serious staff/patient injury.



Please remember to include all such equipment on regular maintenance schedules.

### Tip Off!

MHRA has received a number of reports of catheter tips breaking on removal, often requiring interventional surgery for retrieval. Always (visually) check tips of intra-vascular devices, including catheters, guide wires, introducers, etc, after removal, to ensure the tip is intact.

Always use according to the instructions for use.

### Hyper-pyrexial?

MHRA has received a report of a power supply to a monitor screen being covered by books at the rear of the screen. Because it was unable to dissipate heat, the plastic case became so brittle, it collapsed when picked up by the user.



Small mains connected power supplies similar to those used to power laptop computers or monitor screens, should have sufficient space to dissipate their heat.

### Bottoms Up!

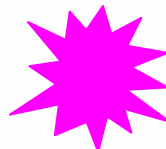
Many cushions in wheelchairs have a top surface filling which is contoured to help reduce the risk of pressure ulcers for the occupant. Cushions, however, are frequently seen upside down or rotated through 90° or 180°, which can put the user at increased risk from pressure ulcers.



Always check that wheelchair cushions are orientated correctly.

### A Squirt in Time

MHRA has become aware of incidents concerning poor connection of luer lock syringes/cannulae in cataract surgery causing such cannulae to detach with force into the eye when the syringe is depressed. This has led to serious eye injury such as retinal detachment and choroidal haemorrhage.



Ophthalmic staff should always check that luer lock devices are connected correctly and working safely prior to intra-ocular use.

### Killer pascals!

MHRA has received reports of serious injuries to patients' arms due to automatic NIBP monitor cuffs failing to release their pressure through kinking or trapping of the rubber hose used to couple the monitor to the cuff. Even if the monitor is switched off, the pressure will remain and the user's attention cannot be drawn to the "deflate failed, remove cuff" message that would have been available on the screen.



Users should always remove cuffs when the monitor is not being used.

Adverse incidents should be reported at the earliest opportunity. We prefer to receive reports via the online reporting system on our website [www.mhra.gov.uk](http://www.mhra.gov.uk)

You may also use this online system to send an e-mail copy of your report to your medical device liaison officer.

We also have an adverse incident hotline: 020 7084 3080. You can find detailed reporting guidance on our website.

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**Subject: Suggested Distribution**

A special edition of One Liners is enclosed.

This is a document produced by the MHRA to highlight user and practice issues.

Suggested distribution for Liaison Officers working in Acute Trusts

Accident & Emergency  
All Wards  
Anaesthetic Departments  
Clinical Nurse Specialists  
Intensive Care Units  
Medical Directors  
Modern Matrons  
Nursing Executive Directors  
Obstetric Units  
Occupational Therapy Departments  
Ophthalmology Departments  
Outpatients  
Radiology  
Theatre / Outpatients Theatres

Liaison Officers working in PCTs.

This edition of One Liners is not intended for Primary Care, however you may feel that you wish to forward it to certain areas for information.

Your help in this matter is much appreciated.