Use of Patient Owned/Rented Medical Equipment During Hospitalization

POLICY:

1. The use of patient-owned / rented medical equipment during hospitalization will be reviewed by the patient’s health care team and Clinical Engineering at time of admission.
2. Staff interacting with this equipment will be competent to operate it, and the equipment will be maintained properly, clean and free of contamination.
3. The use of patient-owned life support equipment (e.g. ventilators, bi-level positive pressure devices or BiPAP) will be approved for hospital use after appropriate training and verification of competency by respiratory therapy and nursing staff.
4. Equipment subject to this policy is limited to continuous or bi-level positive pressure devices, mechanical ventilators, enteral pumps, insulin pumps and peritoneal dialysis cyclers.
5. There are approved exceptions for use of home glucometers in the inpatient setting. See Clinical P&P, Whole Blood Glucose with Roche Accu-Chek Inform Meter.

PURPOSE: To promote patient safety and permit the introduction of and delineate responsibility for use of a patient’s personal medical equipment in the hospital.

PROCEDURE:

I. The discussion and decision to use patient-owned/rented equipment during hospitalization will involve the healthcare team and patient/family. This will occur before admission whenever possible or as soon as possible after admission.

II. The provider will document the content of the discussion, including patient safety and risks, parameters for use, denial for use, staff competency or safety issues and if indicated later discontinuation due to safety concerns.

III. A provider’s order is required for the patient’s own equipment to be used in the hospital. The order will include specific information for operation (e.g. pump/ventilator settings, medication information, etc.).

IV. Personal medical equipment can be used in the hospital when:
   A. Clinical Engineering has performed an electrical safety test on the equipment and reviewed the equipment maintenance history with the patient/family (or provider of the equipment if needed) before admission or shortly thereafter.
   B. The health care team together and patient/family have discussed who will be responsible for the operation, maintenance, safety and functioning of the equipment, including providing and replacing any supplies or medication that the equipment may require.
   C. For continuous or bi-level positive pressure devices and mechanical ventilators:
      1. Respiratory Therapy (RT) will be notified before or as soon as possible and will be responsible for the operation of any of these devices.
2. RT will notify Clinical Engineering for electrical safety tests.
3. The RT Clinical Supervisor (7-3306) will be consulted before approval to bring any of these devices into the inpatient setting.
4. The RT Clinical Supervisor will determine if adequate staff training and competency exists to safely operate the device in the hospital.
5. Parents may not make changes in operating parameters (including inspired oxygen concentration on respiratory equipment) on these devices while their child is hospitalized.

D. The use of insulin pumps in the hospital will require:
   1. An order for use and type of insulin to be used.
   2. Patient/family responsibility for insulin pump operation. This includes refilling, general maintenance, changing the infusion set, understanding and responding to alarms, troubleshooting, connecting and temporarily disconnecting the pump and providing accurate and timely information from the pump to the child’s bedside nurse.
   3. Pump supplies provided by the patient/family.
   4. The patient/family inform the patient’s nurse of the basal rate and insulin boluses. This information will be documented in the MAR for inpatients. If the child’s nurse determines that this information is not being provided adequately to assure safe use of the equipment, its use may be discontinued under Section VI below.
   5. The nurse will assess the catheter site every 8 hours and any time blood glucose is >300. Urine ketones are to be checked any time blood glucose is >300.
   6. Any diabetic patient admitted to Children’s by a physician without active attending medical staff privileges who requests to utilize a home insulin infusion pump will require consultation with a staff endocrinologist as soon as possible after admission to continue use of the pump during the hospital stay.
      a. The attending physician or endocrinologist should always discuss the child’s care plan, use of the insulin pump and the insulin dosing regimen with the child’s endocrinologist if they are not a member of the medical staff and actively involved in the child’s inpatient care.
      b. Decisions to continue use of the insulin pump in the hospital, to transition the child on or off the pump, as well as the type and dose of insulin will always remain with the attending physician, informed by the community or hospital based endocrinologist/diabetologist.
   7. Surgical patients desiring to maintain insulin pump during and/or immediately after elective surgical procedures must be referred by the child’s primary care physician or endocrinologist to the Children’s PASS pre-surgery anesthesiology clinic before the date of surgery.
      a. The child’s history and current pump, pump setting, type of insulin and insulin dosing schedule will be reviewed.
      b. Pre-surgery clinical engineering safety checks and PACU nursing education must be completed before the day of surgery.
      c. The final decision to utilize the home insulin pump before, during or after the surgical procedure will remain the responsibility of the attending anesthesiologist.
8. **Patients admitted with DKA or for emergent conditions** and procedures, including surgery, are to be disconnected from the insulin pump and started on an alternate source of insulin (i.e., insulin infusion or subcutaneous injections).

9. **Patients in the Inpatient Psych Unit** with insulin pumps are to have an Endocrine consult.
   a. **Note:** Do not place pumps in the direct line of x-rays; temporarily disconnect pumps from the patient for MRIs or CT scans.

V. The equipment is to be cleaned and decontaminated as soon as possible (JCAHO EC.6.10 and EC.6.20) before use in accordance with normal hospital procedures. Consult Clinical Engineering, Infection Control P&Ps or equipment manuals as needed.

VI. Staff are responsible for monitoring and documenting the effectiveness of the treatment in the patient’s medical record just as they would for any other patient for whom they are providing care/treatment.

VII. If the nurse and the attending physician determine that problems with the use of the equipment make it unsafe to continue such use, or if the patient/family are unable to operate the equipment, staff will discontinue use of the home equipment and resume treatment using Children’s equipment and following Children’s policies and procedures or per physician’s order.

REFERENCES:

Administrative P&P: [Policy on Policies](#)
Clinical P&P: [Patient’s Own Medications and Patients’ Self Administered Medications](#)

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