



Nursing Practice Committee

Guidelines on the Care of the Child Requiring Clinical Holding

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Introduction:

Our Lady's Children's Hospital is committed to providing a safe working environment for all its patients, visitors and staff. The Hospital recognises the rights of all patients/clients to be treated with courtesy, dignity and respect as individuals. This document provides guidance to nursing staff in OLCHC on the safe and effective care of the child who may require Clinical Holding during the course of their care or treatment.

Definition of Clinical Holding

Clinical Holding is defined as "positioning the child so that a medical procedure can be carried out in a safe and controlled manner" (Lambrenos & McArthur 2001, p32).

The Royal College of Nursing (RCN 2003) use the term "**Holding still**" to describe immobilisation, by splinting or by using limited force, as a method of helping children, with their permission, to manage a painful procedure quickly or effectively. **In OLCHC the term "Clinical Holding" is used in this context.**

Note: For the purpose of supporting nurses in clinical practice, this guideline refers to the use of holding a child in order to perform a procedure required as part of the child's course of treatment.

It is important to acknowledge that Clinical Holding in the context of this guideline differs from the use of **Physical Restraint** which is defined as "the use of trained staff to hold a child or young person to restrict their movement in order to prevent serious harm" (Special Residential Services Board 2006, p1). Restraint is distinguished from clinical holding by the degree of force required and the intention (RCN 2003).

Protecting the interests of the child

The physical, psychological and emotional wellbeing of each child is of paramount concern to staff. Children's nurses are bound by a duty of care to patients and a code of professional practice and are therefore accountable for promoting and protecting the rights and best interests of patients (An Bord Altranais 2000).

The best interests of the child should be the primary consideration in all child care services. This is the guiding principle of the UN Convention on the Rights of the Child (United Nations 1989), the Child Care Act 1991, Children First (Department of Health & Children 1999), and the Children's Act 2001.

Important: Nurses in OLCHC involved in the clinical holding of a child must at all times adhere to the "Prevention of Abuse of Children" guidelines (OLCHC 2007).

Family Centred Care

Family centred care, which is the cornerstone of children's healthcare, places the child and family at the centre of care and recognises the importance of a partnership with the child, the family and the interdisciplinary team (Smith et al. 2002). This partnership, combined with effective negotiation and communication skills amongst health care professionals, can support and empower the family to care for their child.

Nursing staff should communicate with the child and parents/guardian prior to initiating clinical holding, explaining what the particular procedure entails, the reasons for the procedure, the likely outcome of not performing the procedure and the type of proposed clinical holding (RCN 2003). Clinical holding without the child/parent/carer's agreement should be considered to be the last resort and never used as the first line of intervention.

Indications for clinical holding (Examples - this is not an exhaustive list):

Nursing indications:

- Recording of vital signs
- Administration of medications
- Intravenous access
- Wound care
- Preventing interference with wound dressings

Medical / Allied Health indications - nurses may be requested to hold / assist with holding a child during procedures, e.g.

- Medical examinations
- Lumbar punctures
- Radiological investigations
- Application of splints / casts

Complications associated with Clinical Holding:

Complications may occur depending on the type of holding and the method used (e.g. bruising to the child). In addition, the use of clinical holding may be distressing to the child and the parents / guardians (Collier & Pattison 1997, Folkes 2005).

Under no circumstances should restrictive measures involving neck compression ever be used, and the child's airway and head should be protected from obstruction and/or injury.

Principles of Good Practice

When contemplating holding a child still for a clinical procedure, nurses must:

- Consider whether the procedure is really necessary, and if an emergency situation prohibits the exploration of alternatives
- Anticipate and prevent the need for holding, by giving the child information, encouragement, distraction
- Where possible, obtain the child's assent (expressed agreement) for any situation which is not a real emergency
- Seek the parent's/guardian's agreement to clinically hold the child for the purposes of performing a clinically indicated procedure
- Make an agreement beforehand with parents/guardians and the child about what methods will be used, when they will be used and for how long. This agreement should be clearly documented in the plan of care.
- Ensure parental presence and involvement - if they wish to be present and involved. Parents/guardians should not be made to feel guilty if they do not wish to be present during procedures.
- Nurses should explain to parents how they can support their child, and provide support to the parents during and after the procedure
- Explain and prepare the child/parents beforehand as to what will happen
- Comfort the child where it hasn't been possible to obtain their agreement, and explain clearly to them why holding was necessary.
- Avoid the use of holding techniques which use unnecessary force, cause pain or put pressure on joints and limbs

(RCN 2003, Valler-Jones & Shinnick 2005)

Education in relation to clinical holding

It is acknowledged that formalised education programmes do not exist in relation to the use of clinical holding techniques, particularly to cover all possible procedures and activities for which clinical holding may be required. Many techniques are learned 'on the job' from experienced nursing/medical staff (Jeffrey 2002). Nurses must not engage in the clinical holding of a child unless they feel confident that they have the necessary skills and knowledge to safely and effectively hold the child for the particular procedure, in accordance with their Scope of Practice (An Bord Altranais 2000)

However, at all times nurses must incorporate the principles of Good Practice outlined above into their practice to ensure the best interests of child are protected. In addition, cognisance must be given to the nurse's role as an advocate for the child and to the potential impact of clinical holding on the child's emotional wellbeing and development.

Guidelines on the care of a child who requires Clinical Holding

Note: The requirement to perform a particular procedure depends on its nature and clinical indication and this is decided in consultation with multidisciplinary colleagues. The nurse's role is to ensure that if and when Clinical Holding is used, it is done so in a safe and appropriate manner which enables the procedure to be safely performed.

The nurse will also consider other measures which may help avoid the use of clinical holding, e.g. explanations, play, distraction. Furthermore, the nurse will also consider alternatives to the procedure itself, which may be conducted without the use of clinical holding. At all times the nurse must act as an advocate for the child and ensure the child's best interests are protected. (See Appendix I)

Action	Rationale
<u>Prior to a procedure requiring Clinical Holding</u>	
<p>The nurse must determine, in consultation with the multidisciplinary team where appropriate, if the use of clinical holding is necessary, or if the desired outcome can be achieved by performing the procedure in another way.</p> <p>The nurse must determine if she/he has the necessary knowledge to perform clinical holding in a particular situation. If not, she/he should refer to more experienced colleagues for advice and information.</p> <p>Explain the procedure and the use of clinical holding to the child and parents / guardians:</p> <ul style="list-style-type: none"> ▪ What the procedure entails ▪ The reason for the procedure ▪ The likely outcome if the procedure is not done ▪ How the procedure will be done ▪ How the child / parent / guardian may assist nursing staff during the procedure ▪ How Clinical Holding may be avoided <p>Use other interventions which may help to avoid clinical holding, e.g. play, distraction, pain relief, local anaesthetic cream /spray.</p> <p>Involve available resources such as Play Specialists in preparing the child for the procedure.</p> <p>Agree the method of intervention with the child and / or the parent / guardian and set a time limit.</p> <p>If the child and/or parent /guardian resolutely object to the use of clinical holding for the procedure, nursing staff must liaise with the child/parent/ guardian and multi-disciplinary team to determine the next course of action.</p>	<p>Safeguarding the best interests of the child must be uppermost when making the decision to clinically hold the child (RCN 2003)</p> <p>See <i>“Education in relation to Clinical Holding”</i> above</p> <p>Effective communication with the child and parents / guardian may help avoid or minimise the use of clinical holding (RCN 2003)</p> <p>RCN 2003</p> <p>Play is a useful tool to prepare a child for clinically procedures (Hockenberry et al. 2003)</p> <p>Providing clear explanations may help to allay fears and concerns of the child and parents/guardian</p> <p>The nurse has a duty of care to protect the interests of the child (ABA 2000)</p>

<p><u>During a procedure requiring Clinical Holding</u> Consider parental participation</p> <p>Employ distraction methods</p> <p>If the procedure is unsuccessful, depending on the particular situation and the urgency and necessity of the procedure, discuss same with child, parents and multi-disciplinary team. If necessary, reschedule the procedure or consider alternatives.</p> <p>Note: <i>The number of times a procedure will be attempted depends on the indication and urgency of the procedure.</i></p> <p>The nurse applies appropriate clinical holding for shortest time necessary</p> <p>Continuously reassess what is being done and the child's response to it</p>	<p>Not all parents are happy to, or should be coerced into, assisting staff to hold their children during a procedure (Moscardino & Axia 2006). It could lead to confusion between the role of the parent as advocate, who may not wish the child to be clinically held or to be involved in holding, and the role of parent who appreciates the nursing/ medical need for a particular procedure (Dorfman & Kastner 2004).</p> <p>A variety of alternatives, such as distraction, play therapists, the use of parents, improved pain relief, and behavioral interventions, may lead to less clinical holding in practice (McCarthy et al. 1998; Dorfman 2000; Martin 2002; McGrath and Huff 2003; Meunier-Sham & Ryan 2003; Tomlinson 2004; Willock 2004; Piira et al. 2005).</p> <p>Alternative methods of achieving the same outcome may be possible.</p> <p>Clinical holding should be used for the shortest time possible to protect the child's best interests.</p> <p>To maintain the trust of the child and ensure a consistent approach (Jeffrey 2002)</p>
<p><u>Following a procedure requiring Clinical Holding</u> Debrief child and parents</p> <p>Document the procedure in the child's notes, including:</p> <ul style="list-style-type: none"> ▪ the type of clinical holding used ▪ the reasons for same ▪ the information given to the child and parents / guardians ▪ Any adverse effects ▪ Continuously reassess the child's need for clinical holding for future procedures 	<p>Clinical holding of children may lead to cumulative retraumatisation (Kennedy & Mohr 2001).</p> <p>The key to decision-making and clinical holding is reliant on two areas: thorough assessment of the child's current needs is essential and appraisal of documentation regarding the results of any previous immobilisation of the child (Jeffrey 2002).</p>

NOTE: IN AN EMERGENCY SITUATION THE ABOVE MAY NOT APPLY

In an emergency situation, where time or condition does not permit staff to follow this procedure, clinical holding can be carried out as long as minimum force or intervention is adopted and harm or detriment to the child is prevented.

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