

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 1

NURSING CARE STANDARDS

1.11 CLINICAL HOLDING

Aim

To minimise risk of injury/and or trauma to the child during invasive medical or nursing procedures.
(Also refer to [PNPM 5.4.1](#) Collection of a Naso-Pharyngeal Aspirate)

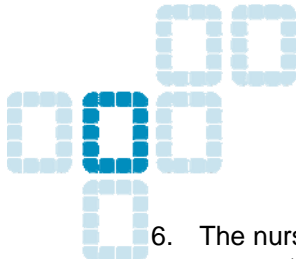
Criteria

1. Clinical holding is the term used to position and hold a child so that medical/nursing procedures can be carried out in a safe controlled manner. This standard specifically refers to medical/nursing procedures that are undertaken during the course of a child's treatment and not to the application of restraint, which is by definition applied without consent with the purpose of controlling or restricting a child's movement.
2. If a child is refusing treatment that is deemed lifesaving by medical staff, restraint may sometimes be necessary to ensure the child's best interests are protected. If the child is aged less than 18 years consent can be sought from the child's parents for the necessary clinical holding to be undertaken. When consent is required the CAHS Policy [PMH.P.Clin.1.2](#) Consent to Treatment/Surgery/Intervention must be referred to. At all times the clinical staff have a duty of care to ensure that the best interests of the child are taken into account and that necessary lifesaving clinical treatment is provided. The decision to apply clinical holding in this particular circumstance is made by medical staff and the details surrounding the need for clinical holding should be clearly documented in the patient's progress notes.

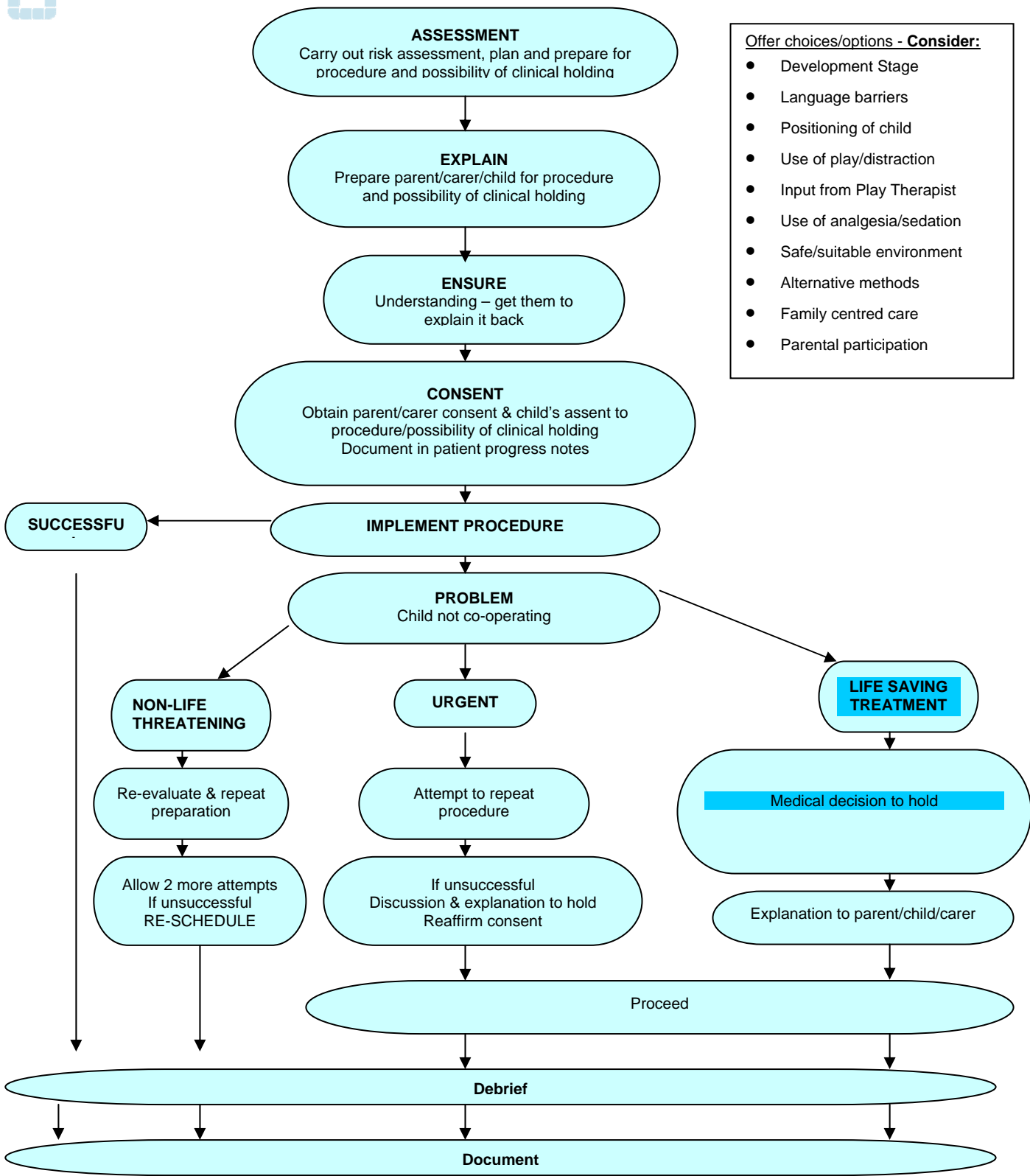
For any incidents of restraint, the CAHS Policy [PMH.P.Corp.2.15](#), Restraint of non Patients, must be referred to.

Key points

1. Alternatives to, and preparation for clinical holding will be discussed and negotiated with the child and family prior to commencing procedure.
2. Methods to be employed for clinical holding will be determined during collaboration with the child, the family and members of the multidisciplinary team PRIOR to procedure.
3. Explanation of the importance of the clinical intervention ie. IV insertion must be given as well as an explanation of the clinical holding procedure to ensure the child and their parents or carer have a full understanding of the course of action and their rights in regard to informed consent.
4. Where the need for clinical holding may be expected, consent for clinical holding must be obtained from parents at the same time consent for clinical intervention is obtained. Both consents must be documented in the patient's progress notes prior to clinical intervention being commenced.
5. Each episode of clinical holding requires a separate consent to be obtained and documented. Where possible the child's assent to the procedure and/or clinical holding should be sought and documented.

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6. The nurse involved in the clinical holding of a child will recognise the child's developmental needs and ensure that his/her safety, both physical and psychological is taken in to account.
 7. Parents and carers will be supported in their choice to be present (or not) during procedures and/or involved in clinical holding.
 8. A planned, safe, effective method should be used to minimise distress to the child and parents. The evidence suggests, that when age appropriate the upright position is more comforting and less stressful to the patient and/or parent/carer.¹
 9. The child should be assessed and parents debriefed post-clinical holding. The method of holding should be evaluated, and this should then be documented within the patient's notes immediately by the person supervising clinical holding in each individual case.

Refer to page 3, below for a summarised flow chart



- Offer choices/options - Consider:
- Development Stage
 - Language barriers
 - Positioning of child
 - Use of play/distraction
 - Input from Play Therapist
 - Use of analgesia/sedation
 - Safe/suitable environment
 - Alternative methods
 - Family centred care
 - Parental participation

Adapted from
 Lambrenas K & McAuthor E. Introducing a Clinical Holding Policy [Expert Opinion]. Paediatric Nursing; 2003; 15(4): 30-33.
 Dartford and Gravesham NHS Trust. Guidelines for holding children during clinical procedures. 2007.
 Folkes K. Is restraint a form of abuse? [Expert Opinion]. Paediatric Nursing 2005; 17(6): 44-47.

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Clinical Holding
 Nursing Care Standards
 Paediatric Nursing Practice Manual (PNPM)
 Princess Margaret Hospital
 Perth, Western Australia


Reference:

1. Sparks LA, Setlik J & Luhman J. Parental holding and positioning to decrease iv distress in young children: A randomized controlled trial [Level II]. J Pediatric Nursing.22(6):440-447; 2007.

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