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Quinlan Duncan  
*Childrens Health*

Samantha Entwisle  
*Childrens Health*

Destiny Nwoko  
*Childrens Health*

Ashley Rich  
*Childrens Health*

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# Before You Stick, Know the Tricks!

## Decreasing misconceptions of J-tip administration in the Emergency Department

By: Quinlan Duncan, BSN, RN, Samantha Entwisle, BSN, RN, Destiny Nwoko, BSN, RN, Ashley Rich, BSN, RN

### PICO Question

Do staff misconceptions on J-tip administration decrease after proper administration reeducation in the ED?

### Background & Purpose

- J-tip usage amongst Emergency Department staff (RNs and Medics) was not congruent.
- PIV insertion is a distressing procedure for pediatric patients and is commonly associated with feelings of anxiety, fear, and pain.
- PIV starts can be harder in children due to factors such as anatomical differences, thinner and more fragile veins, and acute or chronic conditions that can further complicate the procedure; therefore, these factors, in addition to the emotional stress the child is experiencing, may lead to multiple attempts at PIV insertion
- The purpose of this EBP Project is to determine the barriers that are affecting proper and effective use of J-Tips by ED staff

### Methodology

- Observed inconsistencies of J-tip use in ED
- Pre- and post-survey data to identify ED staff understanding and misconceptions
- Literature review using key words: "J-tip," "teaching EBP," "barriers"
- Consult with J-tip rep, Janette Gardea

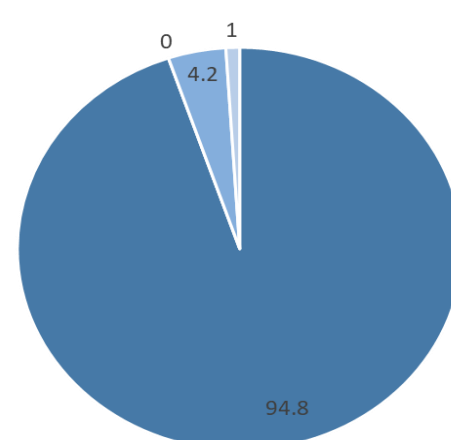
### Results

#### J-Tip Misconceptions

- J-tips blow the vein if the patient is dehydrated
- J-tips do not help the patient if they are already crying and moving
- J-tips are effective immediately after administration
- J-tips blow good veins

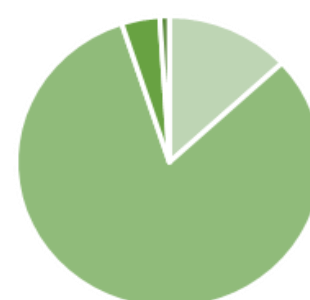
#### Pre-survey

Where did you learn your J-Tip technique?



■ Coworker/Preceptor ■ Education Team  
■ J-tip Representative ■ Policy Tracker

Perception on how long after the J-Tip is administered to insert the IV



■ 1-2 minutes ■ 30 seconds  
■ 3 minutes ■ 45 seconds



#### Post-survey

100%  
Said they see decreased anxiety after waiting the appropriate amount of time after J-tip administration

100%  
Said reeducation helps the veins no longer blow

After reeducation, average confidence on J-Tip administration was 9 on a scale of 0-10



### Limitations

Length of time for data collection  
Number of survey responses  
Staff adherence

### Recommendations

- Educate all current and new ED staff (RNs and medics) on proper J-tip use using visual educational materials around the unit (Evidence: interactive teaching strategies improve outcomes)
- Educate all current and new ED staff on proper J-tip use through visual posters and demonstration at ED town hall to ensure all staff members educated appropriately and equally (Evidence: training does not change knowledge, but does reduce barriers)
- Child Life Specialists to download the phone app to help educate patients prior to administration. J-tip mobile app includes animated sounds, animated videos, how-to-use videos, and overviews. (Evidence: Nonpharmacologic methods and distraction have been shown to successfully mitigate pain, distress, and anxiety during PIV placement in children).

### Educational Resources

