HUBER NEEDLES, WHICH HAVE A DEFLECTIVE, non-coring tip, are used to administer antibiotics or chemotherapy into implanted IV ports. Since they are used for venous access, injuries from huber needles are high risk for pathogen transmission. After several AEP readers noted frequent injuries with this device, we searched the EPINet database for more information.

From 1993 through 1997, a total of 84 hospitals participated in the EPINet data-sharing network, providing data to the International Health Care Worker Safety Center. During that time, 55 injuries from huber needles were reported. With 6 injuries in 1993, 10 in 1994, 8 in 1995, 16 in 1996, and 15 in 1997, the number of huber needle injuries has increased.

All but two of the huber needle injuries were to nurses. The remaining injuries were to housekeepers/laundry workers.

Figure 1 shows the location of huber needle injuries. The majority (69%) of huber needle injuries occurred in patients’ rooms. Thirteen percent of huber needle injuries occurred in the home care setting, where they are frequently used. Additionally, 4% of injuries occurred in the ICU/CCU, 4% in the emergency department, and 4% in treatment rooms.

Two percent of injuries occurred in the operating room, 2% in outpatient clinics, 2% in radiology, and 2% outside patient rooms.

As seen in Figure 2, nearly half (47%) of the huber needle injuries occurred while withdrawing the needle from the IV port. Rebound injuries are common with huber needles because pulling with a great deal of the force is required to overcome the resistance of the rubber septum. Since the non-dominant hand is used to secure the implanted port during huber needle withdrawal, it is often stuck on the rebound.

Improvements in huber needle design are needed in order to address this cause of high-risk injuries that has been overlooked to date.

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