

head or face (e.g., after cleft lip or palate surgery, when a scalp vein infusion is in place, or to prevent scratching in skin disorders). Elbow restraints fashioned from a variety of materials function well (see [Fig. 20-4, C](#)). Commercial elbow restraints are available. They extend from just below the axilla to the wrist and are sometimes referred to as “no-no’s.” A shoulder strap to prevent slipping may be used in an awake, active older infant or toddler to prevent slippage, but should not be used when sleeping.

## Positioning for Procedures

Infants and small children are unable to cooperate for many procedures. Therefore, the nurse is responsible for minimizing their movement and discomfort with proper positioning. Older children usually need only minimal, if any, restraint. Careful explanation and preparation beforehand and support and simple guidance during the procedure are usually sufficient. For painful procedures, the child should receive adequate analgesia and sedation to minimize pain and the need for excessive restraint. For local anesthesia, use buffered lidocaine to reduce the stinging sensation or a topical anesthetic. (See Pain Management, [Chapter 5](#).)

## Femoral Venipuncture

The nurse places the child supine with the legs in a frog position to provide extensive exposure of the groin area. The infant's legs can be effectively controlled by the nurse's forearms and hands ([Fig. 20-5](#)). Only the side used for the venipuncture is uncovered so that the practitioner is protected if the child urinates during the procedure. Apply pressure to the site to prevent oozing from the site.