




GUIDELINES FOR VASCULAR ACCESS and DRUG DELIVERY

APPROVED: 

EMS Medical Director



EMS Administrator

1. Purpose
 - 1.1 Provide guidelines for providing vascular access in patients with or without special circumstances. This will eventually also include IO procedure as it becomes more routine.

2. Vascular Access
 - 2.1 INTRAVENOUS ACCESS
 - 2.1.1 Saline Lock
 - 2.1.1.1 When IV access is needed, saline lock is usually sufficient
 - 2.1.1.2 Saline lock is used to maintain IV access and can be used to administer medication.
 - 2.1.2 Normal Saline IV Fluid
 - 2.1.2.1 IV fluid is used when the patient needs to receive fluid volume replacement in the prehospital setting or frequent IV medications are being given (e.g., cardiac arrest).
 - 2.2 INTRAOSSEOUS ACCESS
 - 2.2.1 Refer to Procedures 8 at this time

3. OTHER PRE-EXISTING MEDICATION DELIVERY SYSTEMS
 - 3.1 Previously established vascular delivery systems
 - 3.1.1 Proceed with transport if the person responsible for operating the device (may be the patient) is able to monitor and control the delivery system during transport. Otherwise contact the receiving hospital / base hospital for direction.
 - 3.2 Pre-existing transdermal delivery systems
 - 3.2.1 Leave all such systems in place with three exceptions:

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- 3.2.1.1 Remove nitroglycerin patches in patients exhibiting signs of shock and/or hypotension (systolic BP < 90)
- 3.2.1.2 Remove clonidine (Catapres) patches in patients exhibiting signs of shock and/or hypotension (systolic BP < 90)
- 3.2.1.3 Remove fentanyl patches in patients exhibiting respiratory depression.
- 3.2.2 Contact the base hospital for consultation regarding other medications.