Vascular Access

Applies to:

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Paramedic

Clinical Indications:

1. Any patient where intravenous access is indicated (e.g., significant trauma, emergent, or potentially emergent medical condition) for fluid or medication therapy.

Procedure:

- 1. Saline locks shall be attached to the IV catheter.
- 2. Paramedics can use intraosseous access where threat to life exists as provided for in the Intraosseous procedure.
- 3. Use the largest catheter necessary based upon the patient's condition and size of veins.
- 4. Select the most appropriate site:
 - a. Hand/Arm General fluid and medications. *Not* preferred site for patients in shock.
 - b. Antecubital Preferred site for patients in shock, cardiac arrest, who will receive Adenosine, or when a peripheral site is not available.
 - c. Intraosseous (IO) Preferred site for critical patients where IV access was unsuccessful or are in cardiac arrest.
 - d. External Jugular (EJ) Unstable patients who need emergent IV medications or fluids AND no peripheral site is available AND IO access is not appropriate (e.g., very alert patient).
- 5. Place a tourniquet around the patient's extremity to restrict venous flow only.
- 6. Prep the skin with alcohol and allow to air dry.
- 7. Insert the needle with the bevel up into the skin in a steady, deliberate motion until a blood flashback is visualized in the catheter.
- 8. Advance the catheter into the vein. **Never** reinsert the needle through the catheter. Dispose of the needle into a sharps container without recapping.
- 9. Remove the tourniquet and connect the saline lock. Flush with 10ml of saline to ensure patency.
- 10. If administering IV fluid or medications:
 - a. Inspect the IV solution/medication for expiration date, cloudiness, discoloration, leaks, or the presence of particles.
 - b. Connect IV tubing to the solution in a sterile manner. Fill the drip chamber half full and flush the tubing, thus bleeding all air bubbles from the line.
 - c. Open the IV to assure free flow of the fluid and then adjust the flow rate as clinically indicated.