



Document: Catheter Size/Location, Number of attempts/who attempted, and type of fluid/flow rate.

INDICATIONS FOR IV ACCESS:

- IV Medications are required as dictated by one or more clinical guidelines.
 - IV fluid administration is required based on patient condition or clinical guideline.
 - The patient's condition is felt to be likely to deteriorate en route to a point where medication or fluid administration would be necessary.
 - Any other situation where the AEMT/Paramedic feel like IV access is beneficial.
 - In situations where prehospital IV placement may expedite patient care at the destination facility.
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- Routine use of IV placement for INT/TKO fluids is discouraged, and should never delay transport to the emergency department.
 - Alternative routes of medication administration (i.e. IN or IM) may be used in lieu of or prior to placement of an IV if medications are being used for symptomatic relief (e.g. pain medications)

KEY POINTS:

- AEMT/Paramedics have standing orders for the insertion of an IV/INT under the following guidelines:
 - The patient must have some indication that they are or could become unstable
 - IVs should *not* be attempted in an extremity with an injury or an existing shunt/fistula, or on the same side as a prior mastectomy if at all possible
 - Upper extremity IV sites are preferable, but lower extremity IV sites may be attempted if necessary (contraindicated with peripheral vascular disease or diabetes)
 - Paramedics, when properly equipped and trained, may utilize indwelling access ports such as Port-A-Cath in an **EMERGENCY ONLY** (as described in **1-P3**, Indwelling Port Access)
 - In the cardiac arrest patient, any pre-existing dialysis shunt or external venous catheter may be used.
- IV fluid administration appropriate for patient's condition or as specified per guidelines:
 - If patient is hypotensive or shows signs of poor perfusion, give a bolus (10-20 mL/kg) of fluid (Normal Saline) AND consider placing a second large-bore IV
 - If patient's BP/perfusion is normal, convert to saline lock (INT) or run IV TKO (To Keep Open; indicates a flow rate of approximately 50 mL/hr)

- Medication administration:
 - Will be followed by a minimum of 10cc of fluid to flush the catheter.
 - Vasoactive medications/drips should be infused through large bore IV catheter in a large, proximal vein (e.g. antecubital).
 - Any prehospital fluids or medications approved for IV use, may be given via intraosseous (IO) line.

QI Review Parameters:

Peripheral IV Placement

1. Was IV/IO access indicated?
2. Was site, provider and success documented appropriately?
3. If IV was unsuccessful, was appropriate alternative access attempted? (EJ, IO, etc.)
4. Was appropriate fluid administration provided? (Fluid bolus, TKO/INT, etc.)

Intraosseous (IO) Placement

1. Was IO placement indicated?
2. Was appropriate site and needle size used?
3. Was confirmation of appropriate placement documented? (“Marrow aspirated”, “No swelling”, etc.)
4. If patient (at all) responsive, was lidocaine administered?