



Venous Access-Extremity

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Clinical Indications:

- Any patient where intravenous access is indicated (significant trauma or mechanism, emergent or potentially emergent medical condition).

Procedure:

1. Inspect the IV solution for expiration date, cloudiness, discoloration, leaks, or the presence of particles.
2. Connect IV tubing to the solution in a sterile manner. Fill the drip chamber half full and then flush the tubing bleeding all air bubbles from the line.
3. Place a tourniquet around the patient's extremity to restrict venous flow only.
4. Select a vein and an appropriate gauge catheter for the vein and the patient's condition.
5. Prep the skin with an antiseptic solution.
6. Insert the needle with the bevel up into the skin in a steady, deliberate motion until the bloody flashback is visualized in the catheter.
7. Advance the catheter into the vein. **Never** reinsert the needle through the catheter. Dispose of the needle into the proper container without recapping.
8. Draw blood samples when appropriate.
9. Remove the tourniquet and connect the IV tubing or saline lock.
10. Open the IV to assure free flow of the fluid and then adjust the flow rate as per protocol or as clinically indicated.
11. Cover the site with a sterile dressing and secure the IV and tubing.
12. Label the IV with date and time, catheter gauge, and name and title of the person starting the IV.
13. Document the procedure, time and result (success) on/with the patient care report (PCR).

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.