

Extremity Intravenous Access & Saline Lock (≥ PL3)

Clinical Indications:

1. Any patient where intravenous access is indicated due to significant trauma or traumatic mechanism, emergent or potentially emergent medical condition.
2. Patients requiring intravenous fluids or medications.
3. Patients in which a potential for hemodynamic compromise or vascular system instability exists.

Contraindications:

1. No absolute contraindications

Notes/Precautions:

1. In cardiac arrest patients, any preexisting dialysis shunt or external venous catheter may be used. Do not expose open end to air unless clamped.
2. Upper extremity IV sites are preferable to lower extremity sites, except cardiac arrest.
3. Lower extremity IV sites are contraindicated in patients with vascular disease or diabetes.
4. Vasoactive drops should be used through large bore IV catheter through the AC or larger vein.
5. In post-mastectomy patients, avoid IV in arm on affected side.

Procedure:

Extremity Intravenous Access:

1. Locate a suitable venipuncture site and place a venous constricting band above the chosen site.
2. Select a vein and an appropriate gauge catheter for the vein and the patient's condition.
Appropriate sites include:
 - a. Posterior hand
 - b. Forearm
 - c. Antecubital fossa
 - d. Lower extremity
 - e. Scalp vein for infants only
3. Inspect the IV solution for expiration date, cloudiness, discoloration, leaks, or the presence of particles.
4. Connect IV tubing to the solution in a sterile manner. Fill the drip chamber half full and then flush the tubing to bleed all air bubbles from the line.
5. Prep the skin with Chlorohexadine.
6. Insert the needle with the bevel up into the skin in a steady and deliberate motion until a pop is felt and venous flashback is visualized.
7. Advance the catheter into the vein. Never reinsert the needle through the catheter. Dispose the needle into the proper container without recapping.
8. Remove the venous constricting band and connect the IV tubing or saline lock.
9. Open the IV to assure patent access and free flow of the fluid, then adjust to appropriate rate.
10. Cover the site with an appropriate dressing and secure the access site.
11. Document the details of the procedure.

Saline Lock:

1. Prepare and assess equipment.
2. Flush air from the saline lock.
3. Follow steps 1 through 8 as described for extremity intravenous access.
4. Remove protective cap on the luer lock device and carefully twice it onto the IV hub. Confirm that firm contact has been established and no fluid leaks exist.
5. Flush the saline lock with normal saline to assess for infiltration.
6. Secure with appropriate dressing.