


INTRAVENOUS INITIATION

Document Owner: C. Sohm	Program/Service Area: Centre for Prehospital Care	Issue Date: April 2009
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Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services		Frequency: As Required, in accordance with the Intravenous and Fluid Therapy Medical Directive.
Signature: 		

Purpose: To ensure a consistent standardized practice for all intravenous initiations.

	Content	Details
1.	Communicate the need for the IV and its effects to the patient/family member and obtain consent whenever possible.	
2.	Gather all required equipment and select the insertion site, in order of preference/availability.	<ul style="list-style-type: none"> peripheral upper extremity lower limb access (in unconscious patients or in arrest situations) external Jugular Vein (ACP Only)
3.	Apply tourniquet 10 to 20 cm" above insertion site with enough pressure to stop venous return.	
4.	Cleanse the site in a circular manner at least 5 cm in diameter with an alcohol swab.	<ul style="list-style-type: none"> Allow skin to dry If necessary, shave the site
5.	Remove needle protector cap.	<ul style="list-style-type: none"> Examine catheter tip. If there are any imperfections, discard the needle Never reinsert the needle into a catheter
6.	Stabilize the vein by applying pressure and tension distal to the point of entry.	
7.	With the bevel of the needle up, and using an appropriate angle for IV insertion pass the catheter through the skin and into the vein from the side or directly on top.	<p>Lower the angle of the catheter and advance the needle and catheter about 2 mm beyond the point where blood return in the hub was first encountered. Slide the catheter over the needle and into the vein.</p> <p>If resistance is met, do not force the catheter. Remove the catheter and needle altogether applying pressure to the puncture site with 2x2 dressing and attempt venipuncture at another site proximal to the failed site using another sterile catheter.</p>
8.	Apply pressure to the vein at the end of the catheter to stop escaping blood (if applicable). While stabilizing the catheter, release the tourniquet and withdraw the needle and safely dispose in the sharps container.	
9.	Attach the IV tubing, open the tubing clamp and allow fluid infusion to begin at the proper flow rate.	Be sure to continue to hold onto the catheter until it is secured to avoid it becoming dislodged.

10.	Apply a transparent dressing to the site up to, but not over the connector of IV administration set. Tape tubing securely to limb.	Avoid placing tape over transparent dressing.
11.	Discontinue if complication occur, or as directed by BHP.	Potential complications include: <ul style="list-style-type: none"> • hematoma • nerve/tendon/muscle damage • thrombophlebitis • infiltration
12.	Reassess patency of IV line and infusion rate on a regular basis or as required by a Medical Directive, as well as the amount of fluid remaining in the IV solution bag.	
13.	Document the procedure on the Ambulance Call Report as per the MoH Ambulance Documentation Standards and your Service Provider's policy	This includes: <ul style="list-style-type: none"> • size of the catheter • flow rate • site of IV initiation • time of attempt • associated equipment used • fluid balance
14.	Document patient condition before and after IV initiation.	

Expected Outcome: To safely initiate intravenous access.