Centre for Prehospital Care
Health Sciences North

SALINE LOCK INTIATION

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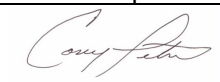
Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services	**Frequency:** As Required, in accordance with the Intravenous and Fluid Therapy Medical Directive.	
Signature: 		

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

	Content	Details
1.	Communicate the need for the saline lock and its effects to the patient/family member whenever possible.	
2.	Select insertion site, in order of preference/availability	• Peripheral upper extremity • Lower limb access (in unconscious patients or in arrest situations)
3.	Apply tourniquet 4” to 8” above insertion site with enough pressure to stop venous return.	
4.	Remove the saline lock from its packaging and inject normal saline through the lock to fill the system.	
5.	Cleanse the site in a circular manner at least 5 cm in diameter with an alcohol swab.	• Allow skin to dry • If necessary, shave the site
6.	Remove needle protector cap.	• Examine catheter tip. If there are any imperfections, discard the needle. • Never reinsert needle into catheter
7.	Stabilize the vein by applying pressure and tension distal to the point of entry.	• With the bevel of the needle up, pass through the skin and into the vein from the side or directly on top. • 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. • Apply pressure to the proximal end of the catheter to stop escaping blood (if applicable). While stabilizing the catheter, release the tourniquet and withdraw the needle and safely dispose. • 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.
8.	Screw the saline lock over the female end of the catheter and flush with 3-5 cc's of normal saline to ensure it is patent. If the type of saline lock being utilized does not include a positive displacement device, withdraw the syringe after flushing with 3 cc of normal saline while continuing to apply positive pressure.	
9.	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.
10.	Discontinue if complication occur, or as directed by BHP.	Potential complications include: • Hematoma • Nerve/tendon/muscle damage • Thrombophlebitis • Infiltration
11.	Document the procedure on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy.	This includes: • size of the catheter • flow rate • site of IV initiation • time of attempt • associated equipment used • fluid balance
12.	Document patient condition before and after saline lock initiation.	

Expected Outcome: To safely initiate a saline lock.