Indications:

1. Any patient who has indications for rapidly administered medications.
2. Any patient who requires fluid resuscitation.

Precautions

1. Do not attempt to gain venous access distal to a fracture or through skin damaged with more than erythema or superficial abrasion.
2. All IVs started in the field are considered contaminated and will be changed within 24 hours of insertion by the receiving hospital.
3. Intraosseous access is an acceptable alternative when no vascular access is possible.

Technique (Extremity):

1. Assemble necessary equipment.
2. Prepare solution and drip set or IV cap.
3. Observe universal precautions.
4. Apply tourniquet.
5. Locate suitable vein.
6. Cleanse venipuncture site.
7. Perform venipuncture.
8. If blood draw is indicated, use a 20cc syringe to draw the blood, then us a Blood Transfer Device to fill blood tubes.
9. Connect IV tubing or attach cap.
10. Flush IV and watch for extravasation.
11. Secure in place.
12. Adjust flow rate.
13. Dispose of needle properly

Technique (External Jugular):

1. Assemble necessary equipment.
2. Prepare solution and drip set or IV cap.
3. Observe universal precautions.

4. Place patient supine and elevate legs. Locate external jugular vein. If unable to locate, stop. Do not blindly puncture neck.
5. Cleanse venipuncture site.
6. Pull tension on vein just above angle of jaw and perform venipuncture.
7. Use extreme care not to allow air to enter catheter.
8. If blood draw is indicated, use a 20cc syringe to draw the blood, then us a Blood Transfer Device to fill blood tubes.
9. Connect IV tubing or attach cap.
10. Flush IV and watch for extravasation.
11. Secure in place.

Notes

1. Local complications are hematoma formation, infection, thrombosis, phlebitis, and skin necrosis from extravasation.
2. Systemic complications are sepsis, air embolus, catheter fragment embolus, and fiber embolus from solution in IV.
3. The incidence of phlebitis is particularly high in the leg.
4. Anticubital veins are good for patients in shock, cardiac arrest, in need of adenosine, or in need of a pulmonary embolism chest CT-scan. When a pt is hypotensive, the anticubital veins may be the easiest to find.