**IV Access**

### Universal Patient Care Protocol

**Routine Standard of Care**

- Assess patency of existing IV's as well as need for additional access

### Peripheral IV

- **External Jugular IV**
- **Intraosseous IV**

#### Successful
- Monitor IV

#### Unsuccessful
- Central Line (Physician)

- Successful
- Monitor Central Line

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### Pearls

- Intraosseous access with the appropriate adult or pediatric device.
- External jugular (≥ 8 years of age).
- Any prehospital fluids or medications approved for IV use, may be given through an intraosseous IV.
- All IV rates should be at KVO (minimal rate to keep vein open) unless administering fluid bolus.
- Use microdrips for all pediatric patients.
- External jugular or intraosseous lines can be attempted initially in patients who are hemodynamically unstable or in extremis.
- Any venous catheter which has already been accessed prior to arrival may be used.
- Upper extremity IV sites are preferable to lower extremity sites.
- Lower extremity IV sites are discouraged in patients with vascular disease or diabetes.
- In post-mastectomy patients, avoid IV, blood draw, injection, or blood pressure in arm on affected side.

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This protocol has approved by the Survival Flight Medical Director as of April 2014