



Vascular Access

EMS Medical Director:

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EMS Administrator:

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E	EMT
A	AEMT
P	Paramedic

Assess need for IV
Emergent or potentially emergent
medical or trauma condition

External jugular IV is indicated in patients when no other peripheral IV can be established and the patient requires immediate fluid administration or vascular access for IV medications.

Saline locks may be used in lieu of intravenous lines when:

1. Only administration of medication is indicated, and
2. Fluid resuscitation or challenge is not anticipated

P	A	Select the most appropriate site
		Select needle size as appropriate to the patient's condition
		Utilize aseptic technique.
		If a saline lock was started, flush with 5 ml normal saline (NS)

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Notes:

- Peripheral IV is the preferred choice for all patients requiring vascular access.
- Vascular access shall not be established under the term "precautionary."
- Vascular access may be obtained outside of established policies/procedures/protocols only when clear, concise indications for clinical instability exist. Clinical instability is based on the Paramedic's judgment of available data and/or in conjunction with direct medical oversight.
- Paramedics may access pre-existing vascular devices in cardiac arrest or in pending cardiac arrest situations only, including arteriovenous shunts, peripherally inserted central catheters (PICC), and tunneled catheters.
 1. Access to these devices in other situations requires a BASE HOSPITAL ORDER.
 2. Attempt to withdraw and discard 5-10 ml. of blood from the device before infusion. If unable to withdraw, proceed with the infusion.



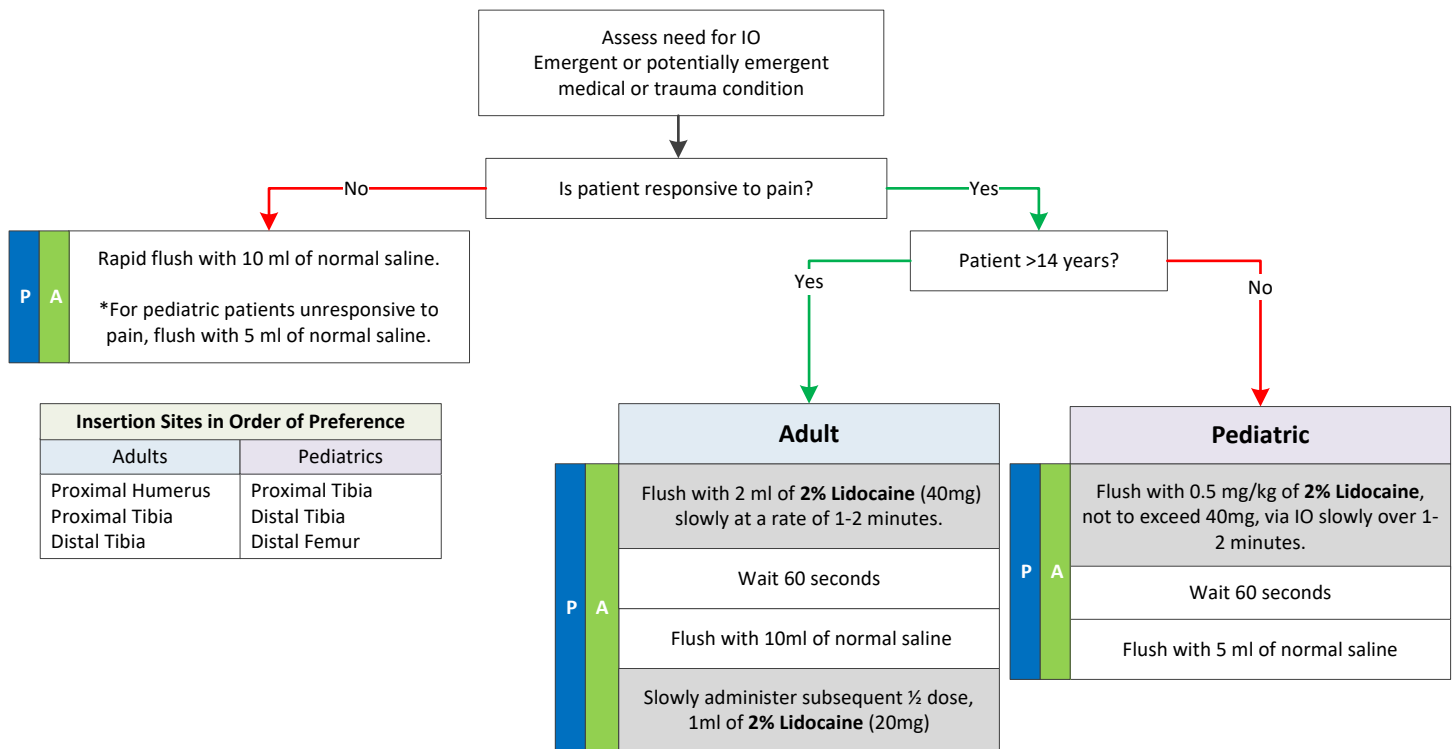


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Adult Medical Treatment Guidelines

Indications for intraosseous vascular access:

Adult and pediatric patients weighing ≥ 3 kg who are unable to be successfully intravenously cannulated and who need administration of medication or intravascular (IV) fluids for:

- Cardiac Arrest
- Patients in extremis who have IMMEDIATE LIFE-SAVING NEED for IV medication or fluids (critical trauma patients)
- When indicated by protocols

Precautions:

- IO access will NOT be established as precautionary. Only patients who have an IMMEDIATE need for an IO medication and who are in extremis when peripheral venous access cannot be obtained shall undergo intraosseous cannulation. This information will be documented on the patient care report.

Contraindications:

- Fracture in target bone
- Infection at the area of insertion
- Excessive tissue at the insertion site with the absence of anatomical landmarks
- Previous significant orthopedic procedures at the site, prosthetic limb or joint
- IO or attempted IO access in the target bone in the past forty-eight (48) hours.

*All other uses of the IO route require a base hospital order.

- There will be only one attempt per extremity at establishing IO access.
- No more than two (2) total attempts will be allowed for IO access.
- Scene time will not be delayed for IO access attempts.
- Document why more than one (1) IO attempt was made on scene.

