

INTRAVENOUS ACCESS

Venipuncture Procedure

- universal precautions
- assembly equipment (choose appropriate needle gauge)
- immobilize patient: depending on best location (it is sometimes easier to feel than see)
- apply topical anesthesia (applying to two areas is a good idea)
- apply tourniquet proximal to site
- cleanse the skin with antiseptic
- stabilize the vein by using traction to skin
- insert needle bevel up at 15-30 degrees just far enough to obtain flashback (needle may be attached to T-connector and then to a vacu-tainer or syringe)

Syringe (Indication: infants and children)

- apply gentle suction with plunger to prevent vein from collapsing

Vacu-tainer (older children)

- apply the vacu-tainer tubes

Caviat: if flow stops attempt to enter the needles further or untie tourniquet and attempt to pump the proximal limb in essence "milking the blood out"

Intravenous Access Procedure:

- universal Precautions
- assembly equipment (choose appropriate needle gauge; loosen catheter from the needle)
- immobilize patient: depending on best location (it is sometimes easier to feel than see)
- apply topical anesthesia (applying to two areas is a good idea)
- apply tourniquet proximal to site
- cleanse the skin with antiseptic
- *use strategies to improve vein presence (warm compress, gentle tapping, lowering extremity below the level fo the heart)
- stabilize the vein by using traction to skin
- insert needle bevel up at an angle of 15 to 45 degrees, 05.-1cm distal to the insertion site.
- advance the needle and catheter until "flashback" seen, then advance the needle and catheter an additional millimeter to ensure the catheter in in the vein.
- advance the catheter only, holding the stylet steady
- remove the tourniquet
- apply pressure over the catheter in the vein to prevent backflow of blood. Retract the needle and dispose of it in a sharps container
- *obtain blood samples using syringe or vacu-tainer techniques as outlines above
- flush T-connector with normal saline; attach to angiocatheter and flush with 5ml-10ml
- lock IV or attach appropriate bolus or maintenance fluids as indicated