



# Amherst Fire District Procedure

## Venous Access - Extremity

### Clinical Indications:

- Any patient where intravenous access is indicated:
  - significant trauma or mechanism
  - emergent or potentially emergent medical condition
  - indication that potential medication administration may be necessary

### Procedure:

1. Inspect the IV solution for expiration date, cloudiness, discoloration, leaks, or the presence of particles.
2. Connect IV tubing to the solution in a sterile manner. Fill the drip chamber half full and then flush the tubing bleeding all air bubbles from the line.
3. Place a tourniquet around the patient's extremity to restrict venous flow only.
4. Select a vein and an appropriate gauge catheter for the vein and the patient's need for fluids.
5. Prep the skin with an antiseptic solution.
6. Insert the needle with the bevel up into the skin in a steady, deliberate motion until a flashback of blood is visualized in the catheter.
7. Advance the catheter into the vein. **Never** reinsert the needle through the catheter. Dispose of the needle into a proper container without recapping.
8. Draw blood samples when appropriate.
9. Remove the tourniquet and connect the IV tubing or saline lock.
10. Open the IV to assure free flow of the fluid and then adjust the flow rate as per protocol or as clinically indicated.
11. Cover the site with a transparent dressing (Tegaderm or similar) and secure the IV and tubing.
12. Document the procedure, time and result (success) on/with the patient care report (PCR).

### Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and the possible complications of the procedure.