



VASCULAR ACCESS	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
N/A	N/A
Expanded Scope	
N/A	N/A
ALS Prior to Base Hospital Contact	
<p><i>Peripheral Vascular Access (IV/IO)</i></p> <ul style="list-style-type: none">• Standing Order for all patients as indicated by protocol → peripheral vascular access is preferred• A saline lock is acceptable if there is no need to administer IV fluids or medication• Needle gauge should be determined by the situation and patient physiology<ul style="list-style-type: none">◦ Stroke, STEMI, and trauma patients → establish AC access if possible <p><i>External Jugular Access</i></p> <ul style="list-style-type: none">• Indicated in patients that require emergent medication administration <p><i>Intraosseous Access</i></p> <ul style="list-style-type: none">• Preferred choice in cardiac arrest• Indicated for patients that require emergent medication administration and IV access is not readily available• Refer to Policy 538: Intraosseous Vascular Access	<p><i>Peripheral Vascular Access (IV/IO)</i></p> <ul style="list-style-type: none">• Standing Order for all patients as indicated by protocol → peripheral vascular access is preferred<ul style="list-style-type: none">◦ Obtaining vascular access should not delay the transport of pediatric patients• A saline lock is acceptable if there is no need to administer IV fluids or medication• Pediatric patients may require a small gauge peripheral IV based on their size <p><i>Intraosseous Access</i></p> <ul style="list-style-type: none">• Tibial Site: Indicated for patients $\geq 3\text{kg}$• Humeral Site: Not indicated in patients < 18 years old• IO access preferred in cardiac arrest• Indicated for patients that require emergent medication administration and IV access is not readily available• 2% Lidocaine is contraindicated for pediatric patients• Refer to Policy 538: Intraosseous Vascular Access
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
<ul style="list-style-type: none">• All established sites must be visible, monitored for infiltration and/or extravasation, and discontinued as appropriate• Do not remove abandoned IO devices	<ul style="list-style-type: none">• All established sites must be visible, monitored for infiltration and/or extravasation, and discontinued as appropriate• Do not remove abandoned IO devices• Consider that establishing vascular access to pediatric patients contributes to significantly increased patient stress levels