

maintain some measure of control. For veins in the extremities, it is best to start with the most distal site and avoid the child's favored hand to reduce the disability related to the procedure. Restrict the child's movements as little as possible—avoid a site over a joint in an extremity, such as the antecubital space. In small infants, a superficial vein of the hand, wrist, forearm, foot, or ankle is usually most convenient and most easily stabilized ([Fig. 20-13](#)). Foot veins should be avoided in children learning to walk and in children already walking. Superficial veins of the scalp have no valves, insertion is easy, and they can be used in infants up to about 9 months old, but they should be used only when other site attempts have failed.

