

## IV-IO ACCESS

### ALL PROVIDERS/EMT

- ❑ Focused history and physical exam
  - Vital sign assessment, blood glucose, oxygen and temperature assessment.
  - Consider IV/IO placement for fluid therapy or medications as needed.

### ADULT

### PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

#### AEMT

- ❑ **IV – Peripheral**
  - Preferred site is usually the hand or forearm except in resuscitation when antecubital is preferred
  - Place the largest gauge catheter possible
  - If unsuccessful in the arm, consider veins in the feet or legs
- ❑ **IO - Interosseous**
  - If during the resuscitation of a critical patient you are unable to obtain an IV after 2 attempts or 90 seconds, then an IO is indicated
  - Place the IO in an appropriate location consistent with the safety guidelines of the IO product vendor you are using.
  - Avoid fractured bones, infection sites, excessive edema or excessive tissue over the site
  - After IO placement, a pressure bag may be required for rapid infusion
  - **NOTE:** in conscious patients **20-50mg of 2% Lidocaine** should be given SLOWLY through the IO before a fluid bolus
- ❑ **IV Fluid Therapy**
  - All IV's are set at KVO/TKO unless giving a bolus of fluid
  - Bolus with NS or LR
  - Refer to the ***Shock and Fluid Therapy Guideline*** for fluid management

#### AEMT

- ❑ **IV – Peripheral**
  - Preferred site is usually the hand or forearm except in resuscitation when antecubital is preferred
  - Place the largest gauge catheter possible
  - If unsuccessful in the arm, consider veins in the feet or legs
- ❑ **IO - Interosseous**
  - If during the resuscitation of a critical patient you are unable to obtain an IV after 2 attempts or 90 seconds, then an IO is indicated
  - Insert the appropriate sized needle for age and weight
  - Place the IO in an appropriate PEDIATRIC location consistent with the safety guidelines of the IO product vendor you are using.
  - Avoid fractured bones, infection sites, excessive edema or excessive tissue over the site
  - After IO placement, a pressure bag may be required for rapid infusion
  - **NOTE:** in conscious patients **0.5ml/kg of 2% Lidocaine** should be given SLOWLY through the IO before a fluid bolus
- ❑ **IV Fluid Therapy**
  - All IV's are set at KVO/TKO unless giving a bolus of fluid
  - Bolus with NS or LR, 20mg/kg then reassess
  - Refer to the ***Shock and Fluid Therapy Guideline*** for further fluid management

#### PARAMEDIC

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