

Section: ALS Protocols
Subject: INTRAVENOUS THERAPY
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Page 1 of 1

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1. All patients who have the potential need for IV fluid or drug therapy will have an IV catheter placed.
2. It is preferred that you use a "reseal with saline flush" in place of an IV fluid bag and administration set to obtain and preserve venous access for patients whose condition does not require fluids or drug therapy at the present time.
3. Critical patients or those with the potential to require treatment interventions should not have a "reseal".
4. Peripheral catheter size will be determined by situation and anatomy. Large bore catheters should be used on patients who may become hypotensive either from our drug therapy (e.g. NTG) or from the patient's injuries or illness.
5. The following locations are authorized:
 - a. Any peripheral IV placement
 - b. External jugular in the adult patient.
 - c. External jugular in pediatric patient > 3 years of age in the presence of cardiac arrest.
 - d. Fluid Challenge can be done on any patient exhibiting signs or symptoms of hypovolemic shock.
 - e. 20 ml/kg wide open bolus, and repeated PRN.
 - i. The end point for fluid replacement shall be the presence of peripheral pulses, not the blood pressure.
6. IV Drip - Medication Guidelines:
 - a. Label all medications that are being infused with the medication added stickers and fill out completely.
7. IV Reseals:
 - a. The reseal luer adapter can be used for venous access in patients who do not meet specified guidelines for:
 - i. Intravenous fluid replacement.
 - ii. Medication administration.
8. QA Point:
 - a. Be aware that patients with low cardiac ejection fractions can go into "flash pulmonary edema".