

# MSH Emergency Department

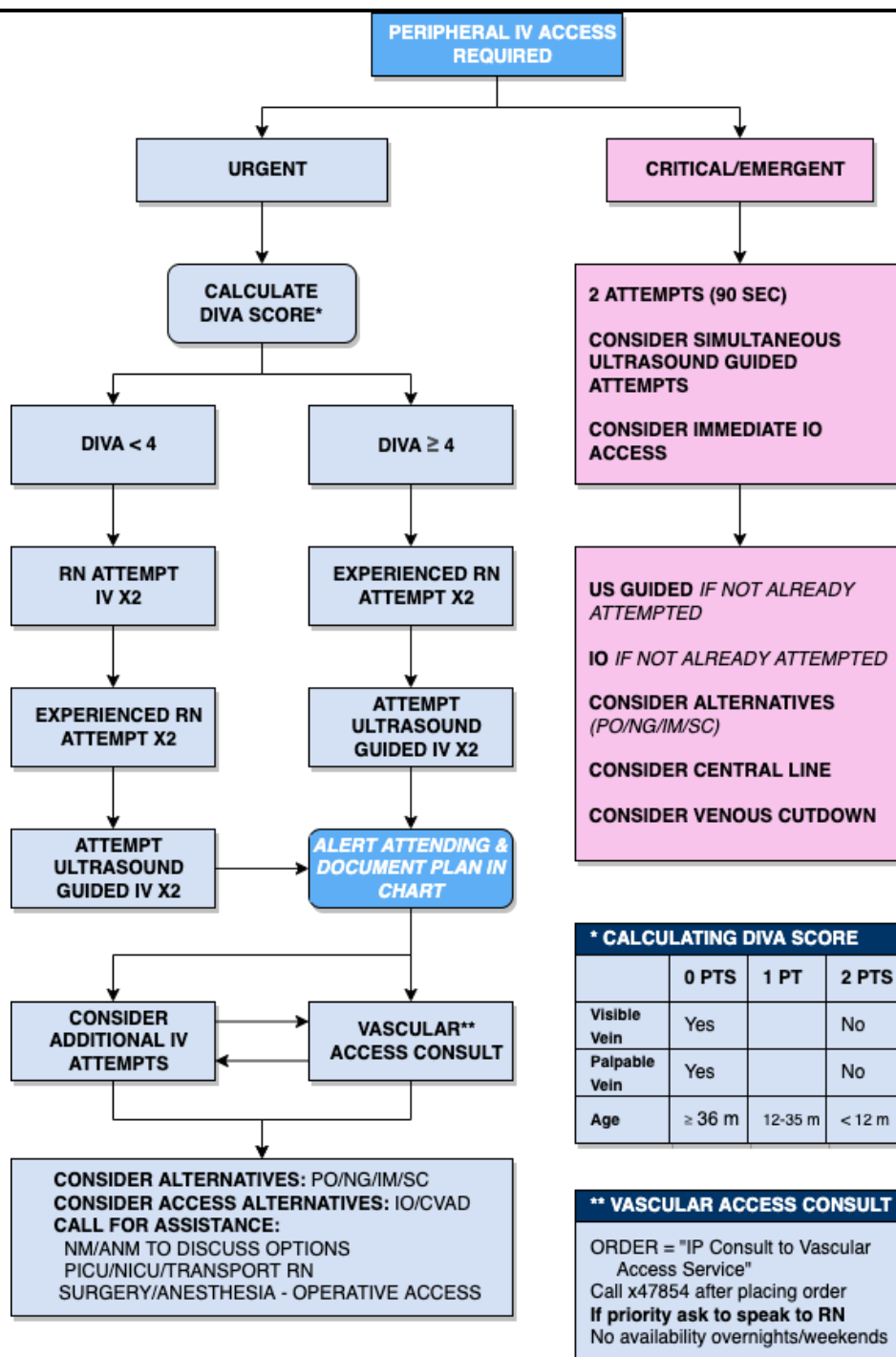
## IV Escalation Pathway for Pediatric Patients in the Pediatric Emergency Department



Date Created: 10/01/2020

Date Reviewed: 07/22/2022

Reviewed By: L. Barreto, C. Strother, L. Spina



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### PURPOSE:

This pathway is intended to provide guidance on the assessment of IV catheter placement and limit the number of IV attempts in pediatric patients (age 17 years and under) presenting to the Pediatric Emergency Department of the Mount Sinai Hospital. ***This pathway is not intended as a tool to aid in nursing-to-patient or physician-to-patient assignments.***

### GUIDELINE:

Clinician judgment should supplement and supersede any clinical guidelines or decision protocol. Departure from these guidelines may be appropriate and necessary in certain clinical situations. The use of the guideline allows for an appropriate and uniform treatment in a population that has the potential to become critically ill.

If IV access is delayed or not possible despite multiple attempts, a team huddle should take place to discuss alternate options for obtaining blood for laboratory analysis, fluid rehydration and medication administration.

Does the patient require IO access or a Central Venous Access Device?

What is the feasibility of this (is an anesthesia or other consulting service necessary)?

Are labs obtainable via heel-stick, finger-stick or arterial puncture? Are the obtainable via venipuncture without IV placement?

Is it possible to rehydrate via PO, NGT or GT? Are subcutaneous fluids an option?

Is it possible to change medication route to PO, NGT, GT or IM? Is there problematic incompatibility? (ie. with medications, IVF, TPN)

Contact pharmacy and/or patient's primary team/physician if unsure.

If the patient is critically ill, being admitted to the PICU or on the Pediatric Stop Sepsis Pathway and intravenous access has not been established despite multiple attempts as per the pathway, an interdisciplinary huddle should take place between the ED, PICU and other involved services to determine the next best steps in the care of the patient and the plan for establishing access.

For those patients on the Stop Sepsis Pathway felt to be in septic shock or severe sepsis, the huddle should occur if access has not been established within 30 minutes of placing the patient on the sepsis pathway.

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### REFERENCES:

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5. Vinograd AM, Chen AE, Woodford AL, et al. Ultrasonographic Guidance to Improve First-Attempt Success in Children With Predicted Difficult Intravenous Access in the Emergency Department: A Randomized Controlled Trial. *Ann Emerg Med*. 2019;74(1):19-27.