Procedures for Obtaining IV Access in Obstetrics Patients

The anesthesia team is frequently called upon to help obtain IV access in antepartum, postpartum, triage and L&D patients with difficult IV access. In general, we consider ourselves part of the team and want to ensure that all patients have the best possible care. However, placing IVs is not intrinsically our responsibility except for patients who are directly under our care. However, over the years, it has become the standard practice for nurses to call the anesthesia team when they are unable to obtain IV access for their patients even though this is not an official policy. Most of the time, the request is justified but sometimes the nurses take advantage of the anesthesia team, waking them at night to place IVs for inappropriate situations, such as a hyperemesis patient in the first trimester.

A task force was created to evaluate the process of IV placement, including the management of long term antepartum patients. In conjunction with Dr. Garry, the following is our plan for obtaining IV access.

1. Floor nurse attempts IV access.
2. If unable to place IV, floor nurse uses chain of command to ask a more experienced nurse or her clinician for assistance.
3. If still unable to obtain IV access, floor nurse and/or clinician will contact the appropriate OB resident and explain the situation.
4. After assessing the specific patient circumstances and determining the need and appropriateness for immediate IV placement, the OB resident will directly contact the anesthesia team, summarize the situation and request assistance with IV placement.
5. If the anesthesia team is busy with patient care responsibilities on the L&D floor, they may request that an antepartum or postpartum patient be brought to the L&D PACU for IV placement.