

Medical Procedures**External Jugular Vein Cannulation****Date: 07/01/2023****Policy #7100****I. Purpose:**

- A. To establish indications, guidelines, and the standard procedure for performing External Jugular (EJ) vein cannulation on critically ill patients when unable to establish peripheral IV access, in the pre-hospital setting

II. Authority:

- A. Health and Safety code, Section 1792.220, 1798. Title 22, Section 100170.

III. Policy:

- A. EJ vein cannulation should only be attempted on patients who are critically ill or have impending deterioration when alternative vascular access is unable to be established.
- B. Documentation should include:
 - 1. Prior unsuccessful IV and IO access attempts.
 - 2. Number of attempts
 - 3. Site and gauge of cannula
 - 4. Complications
- C. No more than two (2) attempts are permitted, using only one side.
- D. Procedure is approved from adult patients, generally ≥ 15 years old, or large than the pediatric measurement tape

IV. Procedure:

- A. Place patient in supine, reverse Trendelberg position with shoulder on rolled towel to suspend head and neck in hands of assistant.
- B. Turn patients head 45-60 degrees to one side.
- C. Clean site with alcohol or betadine swab.
- D. Tamponade the vein with forefinger just above the clavicle, midclavicular line.
- E. Stabilize skin over vein with thumb.
- F. Puncture skin midway between angle of the jaw and midclavicular line at a shallow angle.
- G. Maintain compression on the vein continuously with finger until cannula is completely inserted, needle removed and IV tubing is connected.
- H. Release tamponade over vein and adjust IV flow to desired rate.
- I. Secure site.

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- J. Monitor for air embolism, catheter embolism, hematoma or infiltration. Remove if hematoma or infiltration occurs. Apply direct pressure until bleeding stops. (Approx. 5 min) Do not obstruct airway with pressure.

APPROVED:

Signature on File

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