



<b>REGION 11 CHICAGO EMS SYSTEM PROCEDURE</b>	Title: Intravenous (IV) Insertion/IV Medication Administration
	Section: Medication Administration/Access
	Approved: EMS Medical Directors Consortium
	EMS Level: ALS

## **INTRAVENOUS (IV) INSERTION / IV MEDICATION ADMINISTRATION**

### **I. INTRAVENOUS ACCESS**

#### INDICATIONS

- See Initiation of Patient Care policy

#### CONTRAINDICATIONS

- Extremity with AV fistula (unless patient is in extremis)
- Extremity on the same side of previous mastectomy
- Avoid burn site

#### EQUIPMENT

- Tourniquet
- IV catheter
- Alcohol wipes/skin prep
- Tape
- Dressing material

### **II. SALINE LOCK**

#### INDICATIONS

Saline locks are to be used in situations in which:

- IV access is only precautionary
- No active fluid or medication treatment is expected during transport

#### CONTRAINDICATIONS

- Cardiac arrest patients
- Patients who appear unstable:
  - Imminent cardiovascular collapse
  - Severe respiratory distress
  - Significant arrhythmias
- Trauma
- Fluid resuscitation:
  - Dehydration
  - Hypotension



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- Any patient requiring:
  - Medication drip infusions
  - IV Boluses medication, eg. D50, etc.

### EQUIPMENT

- Luer lock connector
- Saline for flush
- Syringe with straight needle
- Tape
- Alcohol wipes

### PROCEDURE FOR CONVERSION TO IV FLUID INFUSION

1. Prepare IV tubing and bag as per routine
2. Remove rubber port
3. Insert distal end of primed IV tubing connected to saline lock or angiocath
4. Secure IV line with tape
5. Set appropriate drip rate

## III. MEDICATION ADMINISTRATION

### INDICATIONS

- Direct ECP/ECRN order
- Protocol

### CONTRAINDICATION

- Known allergy

### EQUIPMENT

- Syringe
- Needleless set-up/needle
- Medication
- Alcohol Wipe