

# INTRAVENOUS THERAPY

## 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

1. Tourniquet
2. IV catheter
3. Alcohol wipes/skin prep
4. Tape
5. 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
- Any patient requiring
  - Medication drip infusions
  - IV Boluses medication, eg. D50, etc.
- Fluid resuscitation
  - Dehydration
  - Hypotension

### EQUIPMENT

1. Luer lock connector
2. Saline for flush
3. Syringe with straight needle
4. Tape
5. Alcohol wipes

## **INTRAVENOUS THERAPY (cont.)**

### 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
- SMO

#### CONTRAINDICATION

- Known allergy

#### EQUIPMENT

1. Syringe
2. Needleless set-up/needle
3. Medication
4. Alcohol Wipe

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