

AG33 Vascular Access

Objectives:

- To provide guidance for how and when prehospital providers should obtain vascular access

General Information:

- Fluid management standing orders for hypoperfusion
 - a) Adults: 250 mL bolus with reassessment up to 1,000 mL
 - b) Infant/child: 20 mL/kg
 - c) Newly born: 10 mL/kg within 20 minutes using syringe/stop-cock technique
- All bolus medications should be followed by an appropriate flush, 20-30 mL for adults and 5-10 mL for pediatrics
- Use antecubital site for patients in cardiac arrest or when peripheral vascular collapse is present
- Indications for intraosseus access:
 - a) Cardiac arrest
 - b) Profound hypovolemia with altered mental status
 - c) Patient with immediate need for medications and/or fluids
- Contraindications for IO:
 - a) Inability to locate landmarks (consider alternate sites)
 - b) Fractures or previous orthopedic procedures near insertion sites (consider alternate sites)
 - c) Infection at insertion site (consider alternate sites)
 - d) Severe osteoporosis or other degenerative bone conditions
- Approved intraosseus access sites:
 - a) Proximal tibia preferred (standing orders for I and P)
 - b) Humeral head secondary
 - c) Distal tibia tertiary
- IOs must be flushed before attempting medication or fluid administration, and may require pressure infusers to administer fluid
- Lidocaine may be used for pain management of IO standing order for conscious patient
 - a) 20-40 mg for adults
 - b) 0.5 mg/kg for pediatrics



Warnings/Alerts:

- Do not use a 14g needle for IV access
- Intraosseus access is inappropriate for prophylactic access
- Intraosseus access is inappropriate for suspected narcotic overdose or suspected hypoglycemic patients. Consider IM medications instead

OMD Notes:

- The 14g catheters in the IV box are intended for chest decompressions only

References:

Performance Indicators:

Location and Type of Access Treatment and Response to Treatment Number of Attempts

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NOTE: Intraosseous access is inappropriate for prophylactic access!

