

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8808.15
	<u>PROGRAM DOCUMENT:</u> Intravenous Access	Draft Date:	10/01/91
		Effective:	05/01/16
		Revised:	01/20/16
		Review:	03/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the emergency medical services (EMS) system standard for the establishment of intravenous (IV) access.
- B. To describe the situations where IV access may be established.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. Saline locks shall be used when only administration of medication is indicated.
- B. IV access shall be obtained when an out-of-hospital assessment indicates a particular treatment policy/procedure/protocol that directs the establishment of IV access.
- C. IV access may be obtained, outside established policies/procedures/ protocols only when clear, concise indications for clinical instability exist. Clinical instability is based on the Paramedic judgment of available data and/or in conjunction with direct medical oversight.
- D. IV access shall not be established under the term "precautionary."
- E. When IV access is indicated, only two (2) attempts by two (2) different Paramedics, for a maximum of four (4) attempts shall be made. Base Hospital contact must be established for further IV attempts.
- F. Paramedics may access pre-existing vascular devices in cardiac arrest or in pending cardiac arrest situations only, including arteriovenous shunts, peripherally inserted central catheters (PICC), and tunneled catheters.
 - 1. Access of these devices in other situations requires BASE HOSPITAL ORDER.
 - 2. Attempt to withdraw and discard ~~5cc~~ **10 ml** of blood from the device prior to infusion. If unable to withdraw, proceed with infusion.