

	TITLE: INTRAVENOUS ACCESS PROTOCOL	REV NO. 0	GRH TC- 09/2010
	GRH TECHNICAL COMMITTEE PROTOCOLS	DATE: 01.07.2010	
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GUIDELINES FOR INTRAVENOUS ACCESS

IV access is gained for

- a) Administration of fluids and blood products
- b) Administration of medications
- c) Maintaining venous access

SI No.	Activity	Remarks
1	Keep Ready	Gloves Intravenous Set / Solution / Canula / tourniquet / Dressing Spirit Swabs
2	Mentally prepare the patient	A few quite words from the medical professional will save many loud ones from the patient!
3	Follow Universal precautions	
4	Sites for placement	<ol style="list-style-type: none"> a) Primarily these are the metacarpal, cephalic and basilic veins of the hand and arm. b) Where possible avoid the dominant arm and areas of flexion. c) Site selection for subsequent cannulation should be made proximal to the previously cannulated site <p>Avoid:</p> <ol style="list-style-type: none"> a) Limbs on the side of a previous mastectomy or if lymphodema is present. b) Back of the hand or the antecubital fossa
5	Apply Tourniquet	Permits Distention of veins
6	Swab the venepuncture site	Swab from centre to periphery in a circular fashion.
7	Insert the Canula	<ol style="list-style-type: none"> a) Puncture the skin and the vein at separate sites b) Return of blood into the Canula confirms venous access c) Avoid touching the shaft of the Canula d) Fix the Canula with plasters
8	Flush the Canula	Flush the Canula/connect the IV solution
9	Document	Date, time of insertion, in IPMC and over the Canula plaster.