General Protocols

IV Access

**Universal Patient Care Protocol**

Assess need for IV
Emergent or potentially emergent medical or trauma condition

**Peripheral IV**

**External Jugular IV (≥ 8 yo)** for life-threatening event

**Intraosseous IV** (ped or adult device) for life-threatening event

**Successful**

**B** Monitor med-lock **B**

**I** Monitor infusion **I**

**Unsuccessful X 3 attempts with any method**

**Contact Medical Control**

**M** Medical Control **M**

**Peripheral IV**

**External Jugular IV (≥ 8 yo)** for life-threatening event

**Intraosseous IV** (ped or adult device) for life-threatening event

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**Pearls**

- In the setting of cardiac arrest, any preexisting dialysis shunt or external central venous catheter may be used.
- Intraosseous with the appropriate adult or pediatric device.
- External jugular (≥ 8 years of age).
- Any prehospital fluids or medications approved for IV use, may be given through an intraosseous IV.
- All IV rates should be at KVO (minimal rate to keep vein open) unless administering fluid bolus.
- Use microdrips for all patients 6 years old or less.
- External jugular lines can be attempted initially in life-threatening events where no obvious peripheral site is noted.
- In patients who are hemodynamically unstable or in extremis, contact medical control prior to accessing dialysis shunts or external central venous catheters.
- Any venous catheter which has already been accessed prior to EMS arrival may be used.
- Upper extremity IV sites are preferable to lower extremity sites.
- Lower extremity IV sites are discouraged in patients with vascular disease or diabetes.
- In post-mastectomy patients, avoid IV, blood draw, injection, or blood pressure in arm on affected side.

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**Legend**

- **MR**
- **B** EMT **B**
- **I** EMT- I **I**
- **P** EMT- P **P**
- **M** Medical Control **M**

Protocol 9

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009