

# 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

## AG33--Vascular Access

**NOTE: Intraosseous access is inappropriate for prophylactic access!**

