

IV / IO ACCESS

UPDATED 4/2025

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
 - Vital sign assessment, blood glucose, oxygen and temperature assessment.
 - Consider IV/IO placement for fluid therapy or medications as needed.
 - Any use of IV placement aides or devices for transillumination, etc. MUST be an approved medical device designed and rated for that purpose and specific patient population.

ADULT

PEDIATRIC

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ **IV – Peripheral**
 - Preferred site is usually the hand or forearm, except in resuscitation when antecubital is preferred
 - Place the largest gauge catheter possible
 - If unsuccessful in the arm, then try feet or legs
- ❑ **IO - Interosseous**
 - Place the IO in the tibia or humeral head
 - Avoid fractured bones, infection sites, excessive edema or excessive tissue over the site
 - Consider a pressure bag for fluid therapy if an IO is placed
 - **NOTE:** in conscious patients, **20-40mg of 2% Lidocaine** should be given SLOWLY through the IO, (**wait ≥1 minute**) before a fluid bolus. (Max 80mg)
- ❑ **Fluid Therapy**
 - All fluid therapy is set at KVO/TKO unless giving a bolus of fluid
 - Bolus with NS or LR only
 - Refer to the ***Shock and Fluid Therapy Guideline for fluid management***

PARAMEDIC

AEMT

- ❑ **IV – Peripheral**
 - Preferred site is usually the hand or forearm except in resuscitation when antecubital is preferred
 - Place the largest gauge catheter possible
 - If unsuccessful in the arm, then try feet or legs
- ❑ **IO - Interosseous**
 - Insert the appropriately sized needle for weight. The 15mm “Pink” needles are too small for most patients. Recommended use only for neonates (up to 28 days)
 - Approved site selection in order of preference
 - **Proximal Tibia** (most preferred)
 - **Distal Femur**- Approximately 1-2cm above patella and slightly medial (approximately 1cm). Superior option in treating patients that require fluid volume resuscitation
 - **Proximal Humerus** (children ≥12)- Superior option in treating older pediatrics that require fluid volume resuscitation
 - Avoid fractured bones, infection sites, excessive edema or excessive tissue over the site
 - Consider a pressure bag or syringe boluses for fluid therapy if an IO is placed
 - **NOTE:** in conscious patients, **0.5mg/kg of 2% Lidocaine** should be given SLOWLY through the IO, (**wait ≥1 minute**) before a fluid bolus (**MAX dose 20mg**)
- ❑ **Fluid Therapy**
 - All fluid therapy is set at KVO/TKO unless giving a bolus of fluid
 - Refer to the ***Shock and Fluid Therapy Guideline for further fluid management***

PARAMEDIC