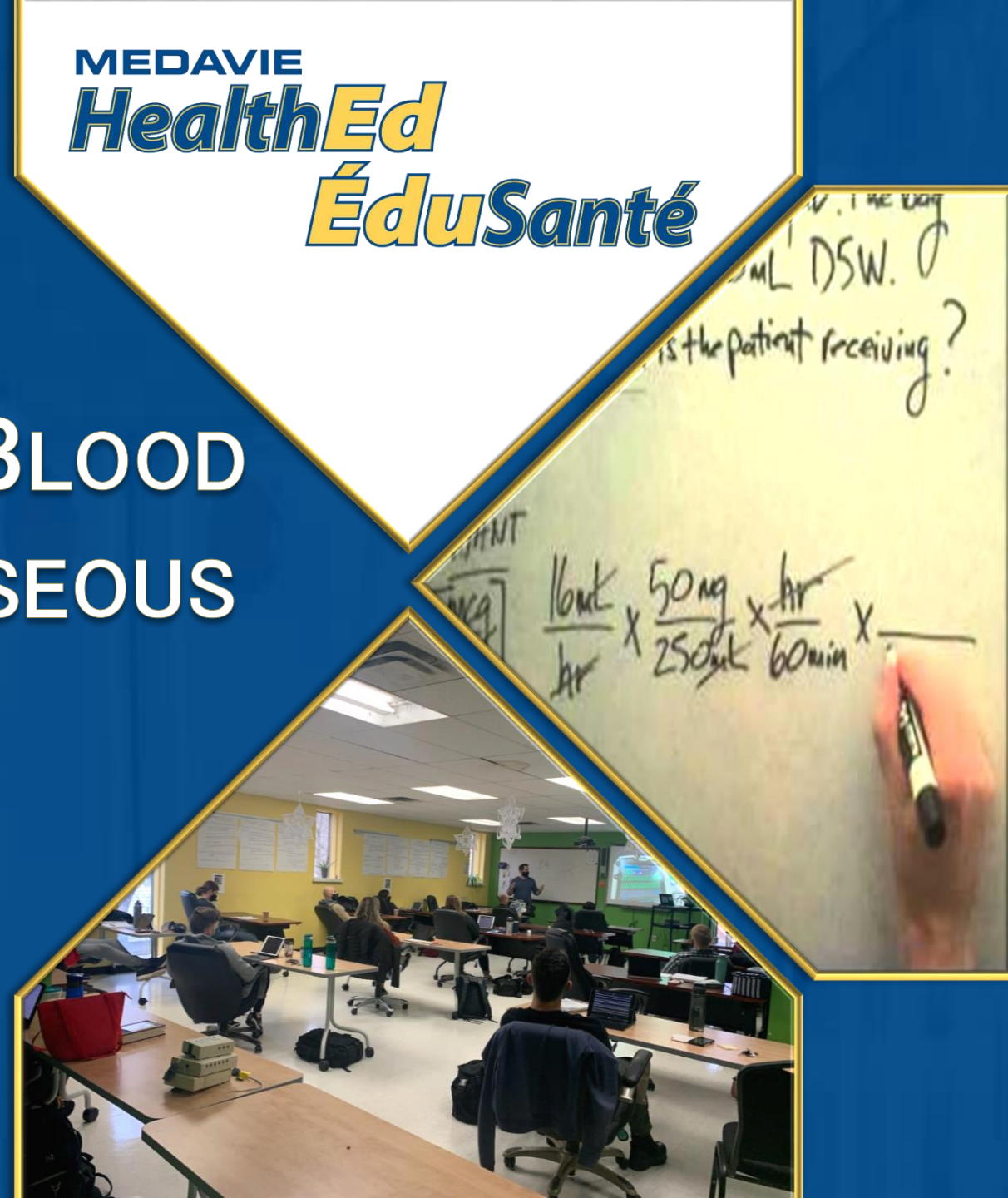


# INTRAVENOUS ACCESS, BLOOD SAMPLING AND INTRAOSSEOUS INFUSIONS

Primary Care Paramedicine

Module: 07

Section: 04

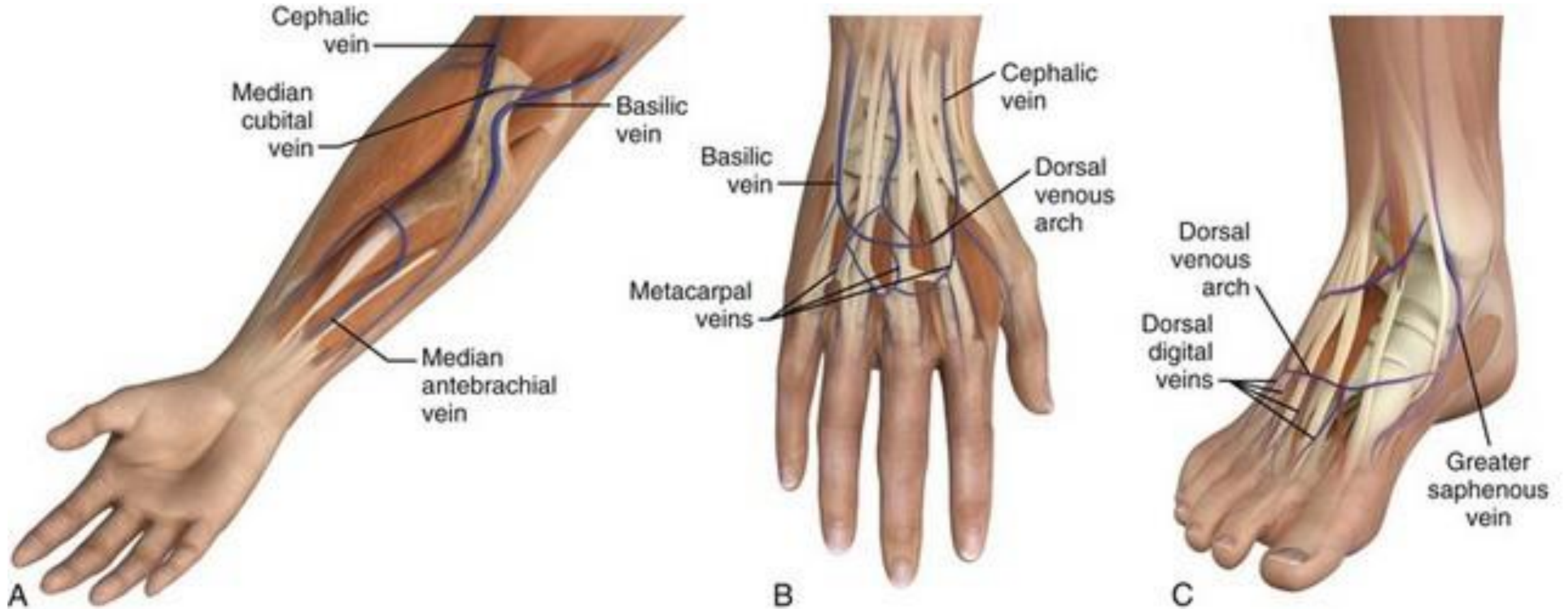


- Types of intravenous access
- Equipment for intravenous access
- IV drug administration
- Venous blood sampling
- Intraosseous infusion

- Indications
  - Fluid and blood replacement
  - Drug administration
  - Obtaining venous blood specimens for lab analysis
- Types
  - Peripheral venous access
  - Central venous access

- **Contraindications**
  - Patients with no indications for an IV
  - In an arm with an A-V fistula
  - Distal to a fractured bone site
  - Through skin damage with more than erythema or superficial abrasion.

# Peripheral IV Access Sites



IV, IO, Blood Sample

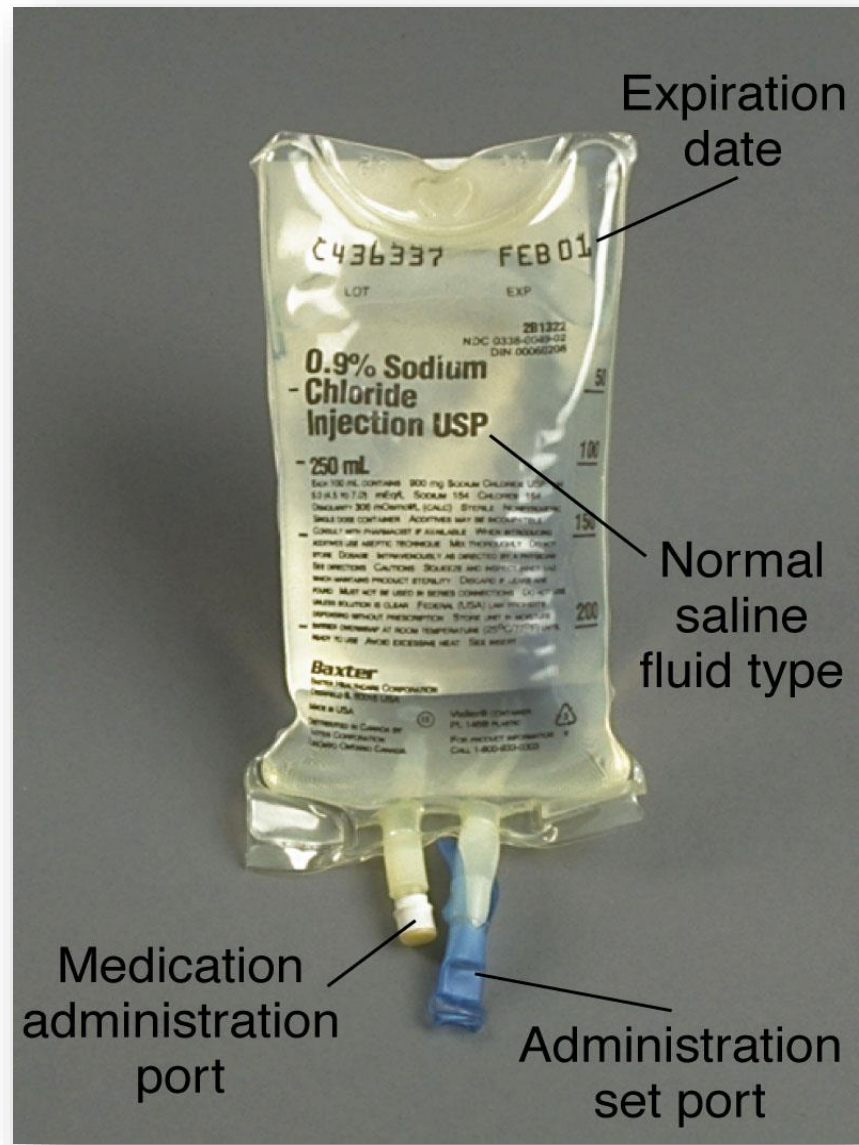
# **INTRAVENOUS FLUIDS**

- Colloids remain in the circulatory system for a long time.
  - Plasma protein fraction (plasmanate)
  - Salt poor albumin
  - Dextran
  - Hetastarch (hespan)

- Primary out of hospital solutions
  - Isotonic solutions
  - Hypertonic solutions
  - Hypotonic solutions
- Prehospital Solutions
  - Lactated Ringer's
  - Normal saline solution
  - 5% dextrose in water

- Most packaged in soft plastic or vinyl bags.
- Container provides important information:
  - Label lists fluid type and expiration date.
  - Medication administration port.
  - Administration set port.

# IV Solution Containers



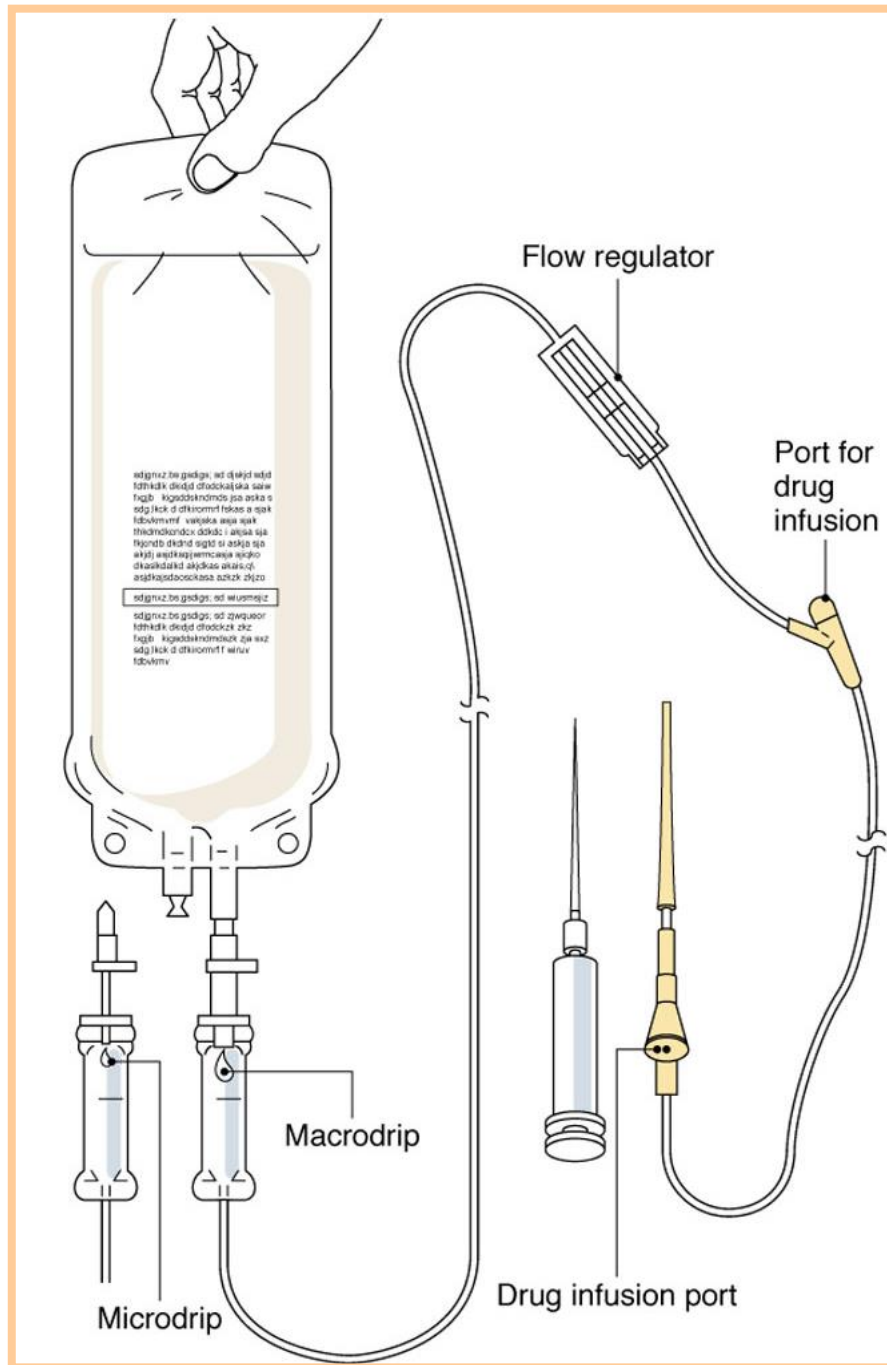
- Do not use any IV fluids after their expiration date, any fluids that appear cloudy, discolored, laced with particulate, or any fluid whose sealed packaging has been opened or tampered with.



- Macro drip
  - 10 to 20 gtts = 1 ml, for giving large amounts of fluid.
- Micro drip
  - 60 gtts = 1 ml, for restricting amounts of fluid.
- Blood tubing
  - Has a filter to prevent clots from blood products from entering the body.
- Measured volume
  - Delivers specific volumes of fluids.

- IV extension tubing
  - Extends original tubing.
- Electromechanical pump tubing
  - Specific for each pump.
- Miscellaneous
  - Some sets have a dial that can set the flow rates.

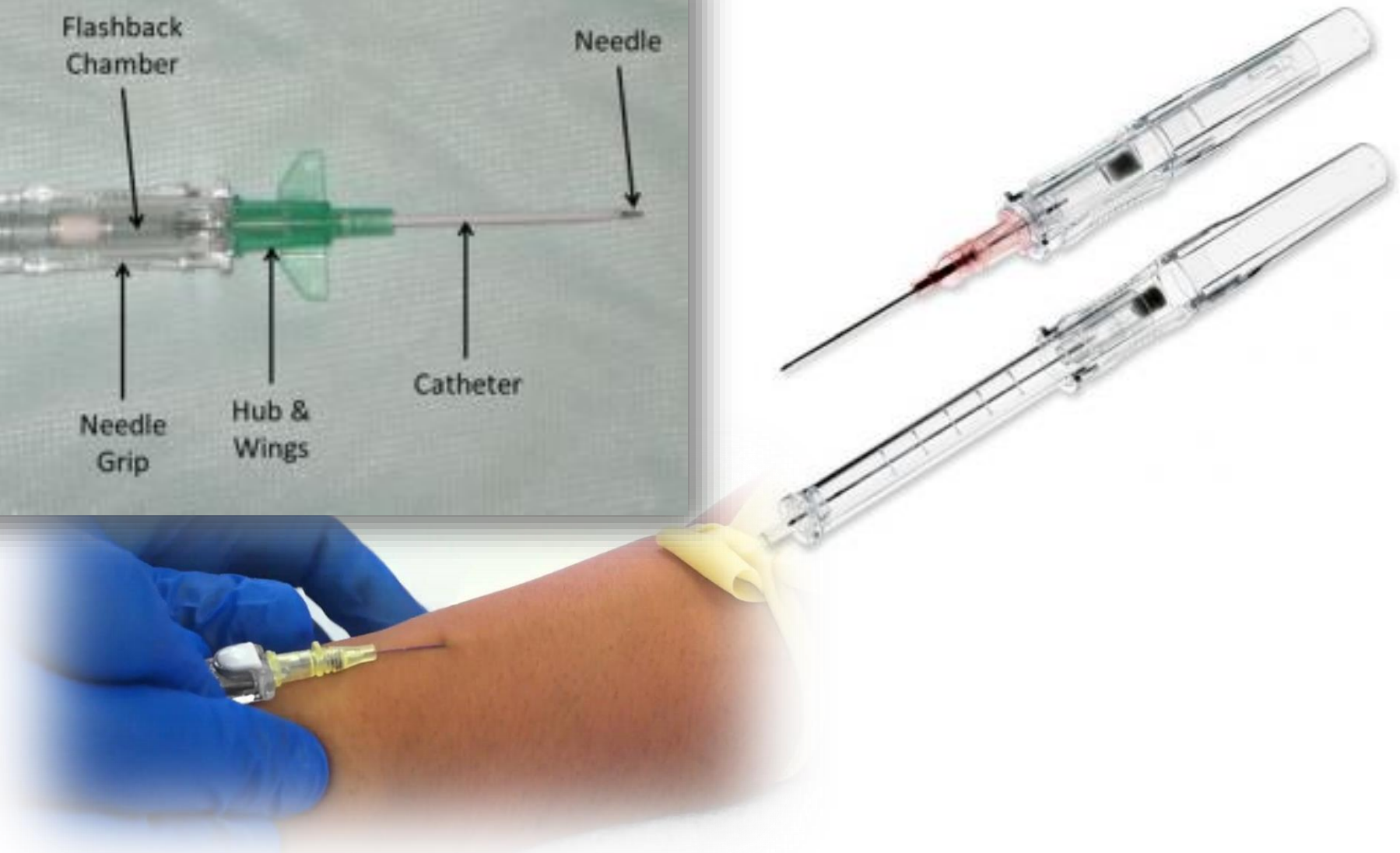
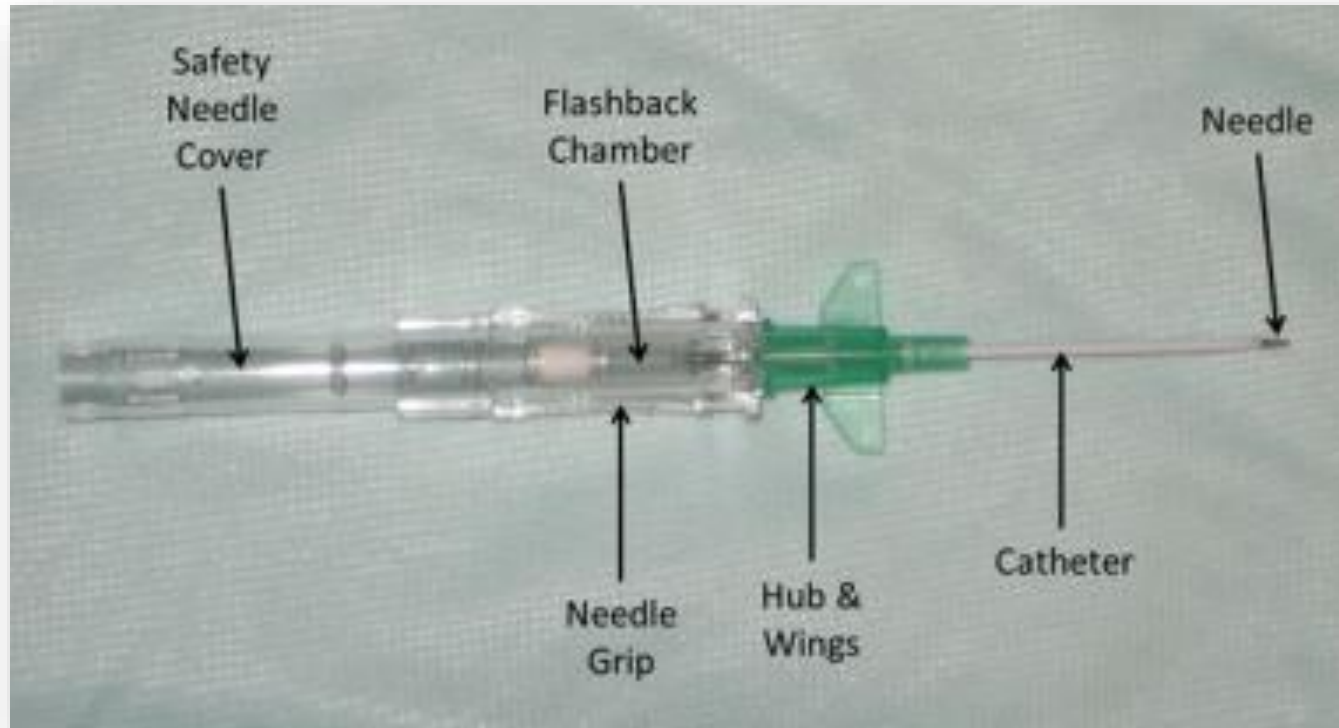
# Macro drip and Microdrip Administration Sets





- Over the needle catheter
- Hollow needle catheter
- Plastic catheter inserted through a hollow needle

# Over the Needle Catheter



# Hollow Needle Catheter





IV, IO, Blood Sample

# PERIPHERAL IV ACCESS

- Place the constricting band



- Cleanse the venipuncture site



- Insert the intravenous cannula into the vein



- Withdraw any blood samples needed



- Connect the IV tubing



- Secure the site



- Label the IV solution bag



IV, IO, Blood Sample

# **PERIPHERAL INTRAVENOUS ACCESS IN AN EXTERNAL JUGULAR VEIN**

- Place the patient in a supine or Trendelenburg position



- Turn the patient's head to the side opposite of access and cleanse the site



- Occlude venous return by placing a finger on the external jugular just above the clavicle



- Point the catheter at the medial third of the clavicle and insert it, bevel up, at a 10°– 30° angle



- Enter the jugular while withdrawing on the plunger of the attached syringe



IV, IO, Blood Sample

# **INTRAVENOUS ACCESS WITH A MEASURED VOLUME ADMINISTRATION SET**

- Prepare the tubing



- Open the uppermost clamp and fill the burette chamber with approximately 20 ml of fluid



- Close the uppermost clamp and open the flow regulator



- Constricting band
- Edema at puncture site
- Cannula abutting the vein wall or valve
- Administration set control valves
- IV bag height
- Completely filled drip chamber
- Catheter patency

- Pain
- Local infection
- Pyrogenic reaction
- Allergic reaction
- Catheter shear
- Inadvertent arterial puncture
- Circulatory overload
- Thrombophlebitis
- Thrombus formation
- Air embolism
- Necrosis
- Anticoagulants

- Prepare the new bag or bottle.
- Occlude the flow from depleted bag or bottle.
- Remove spike from depleted bag or bottle.
- Insert spike into the new IV bag or bottle.
- Open the clamp to appropriate flow rate.

IV, IO, Blood Sample

# **INTRAVENOUS BOLUS ADMINISTRATION**

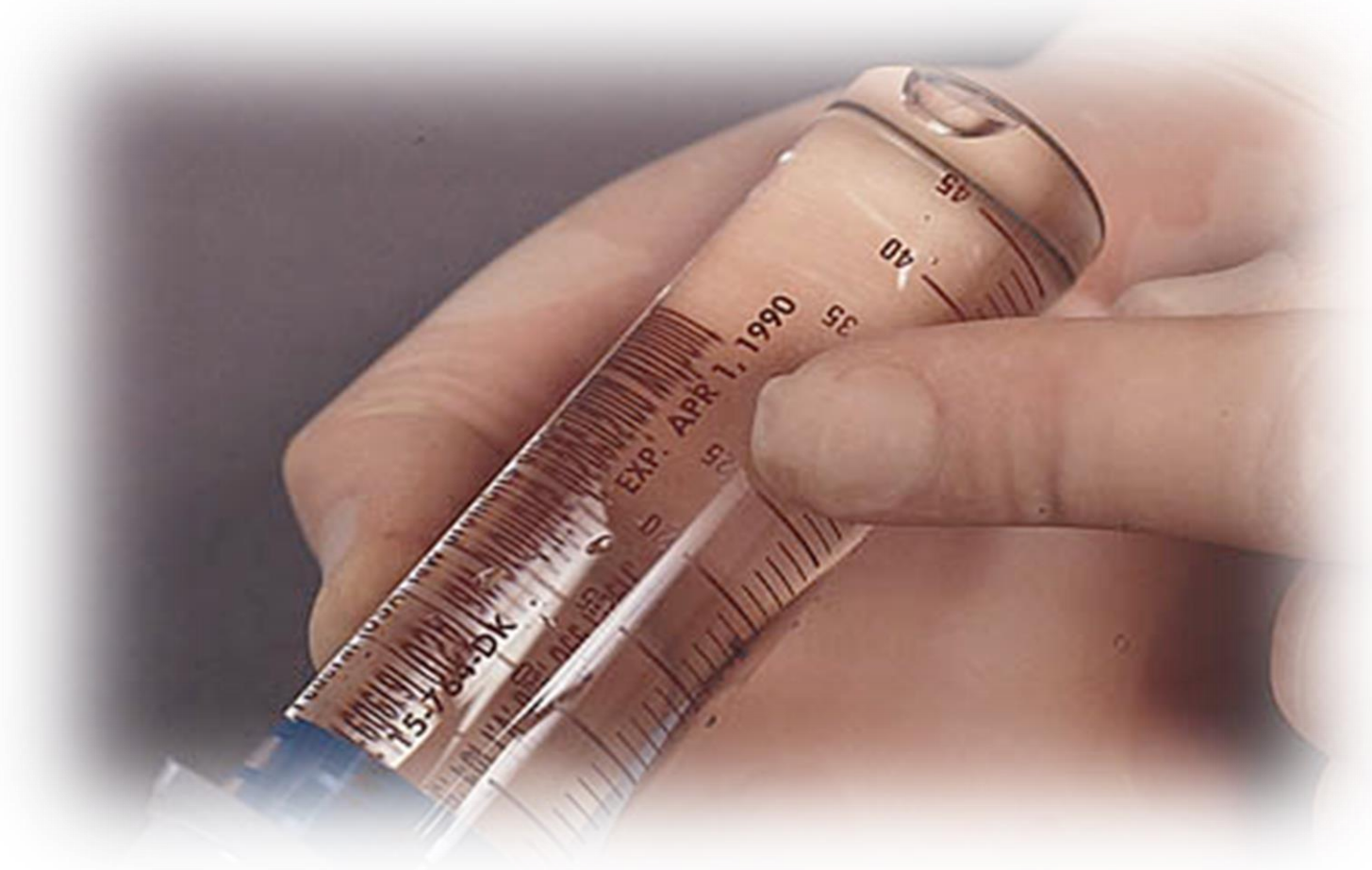
- Prepare the equipment



- Prepare the medication



- Check the label



- Select and clean an administration port



- Pinch the line



- Administer the medication



- Adjust the IV flow rate



- Monitor the patient



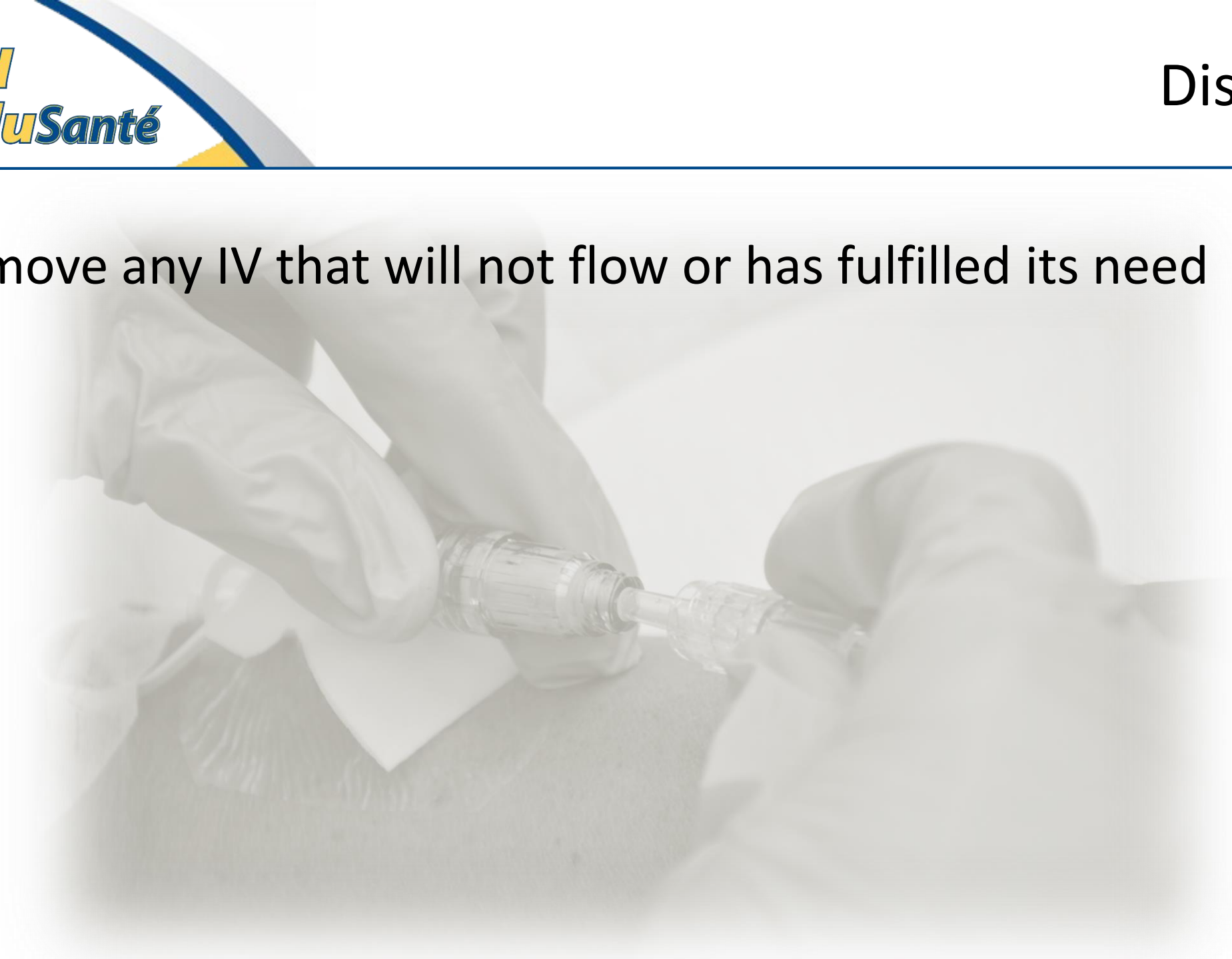




# Syringe Type Infusion Pump



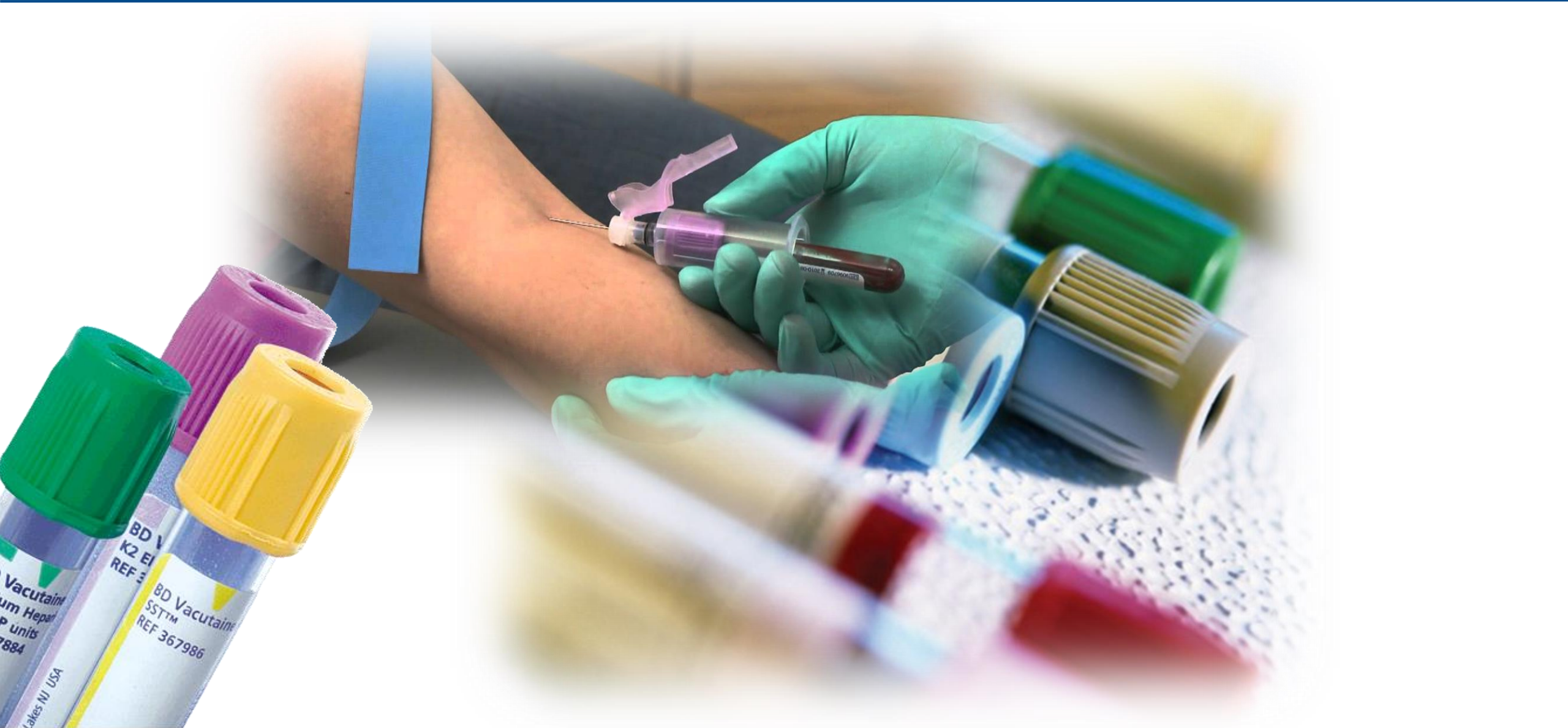
- Remove any IV that will not flow or has fulfilled its need



IV, IO, Blood Sample

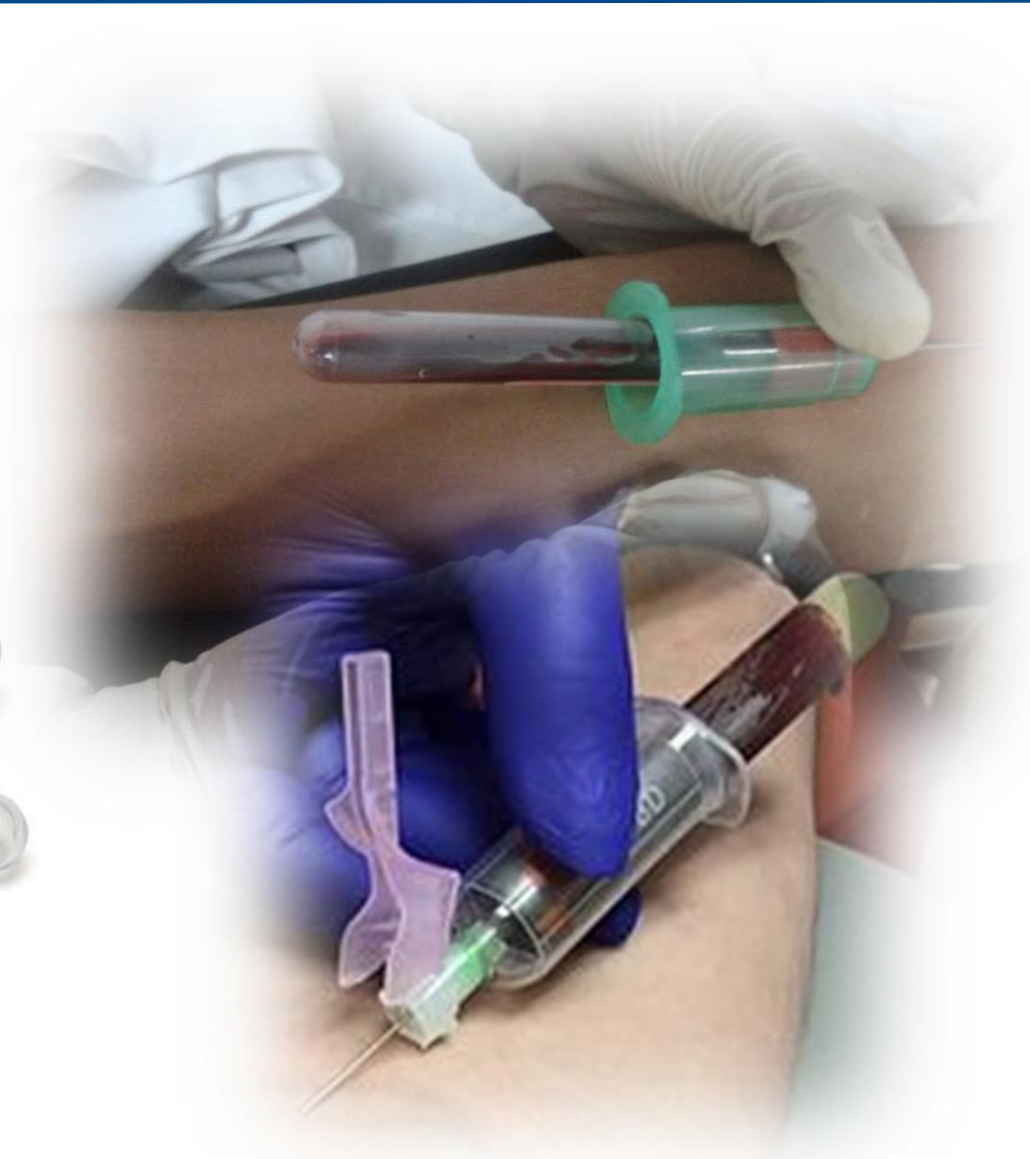
# **DRAWING BLOOD**

- You should obtain venous blood in the following situations:
  - During peripheral access
  - When drug administration may be needed
  - Before drug administration



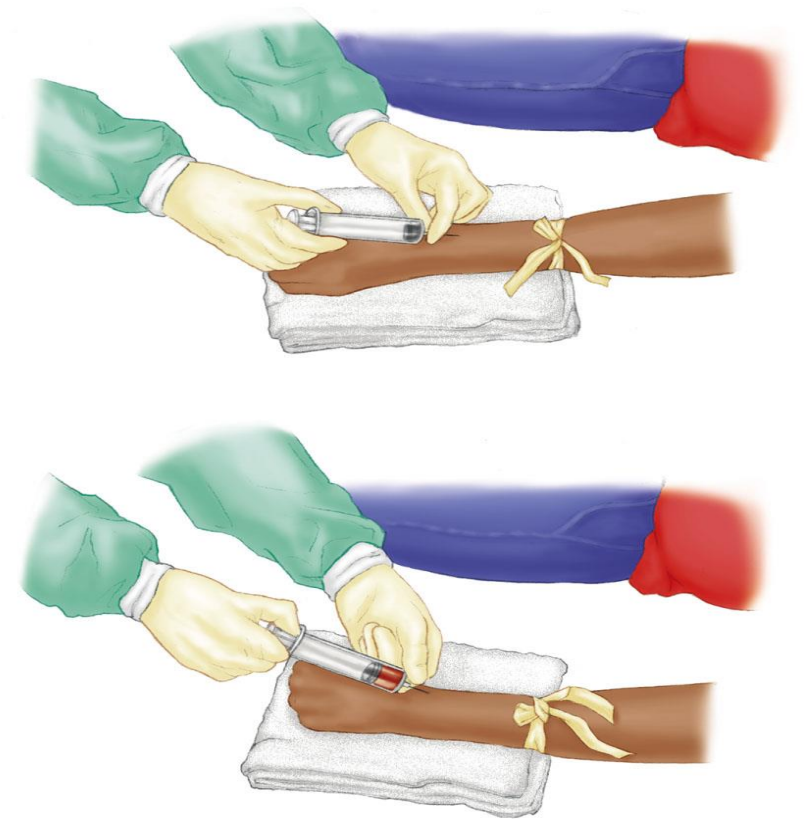
Order #	Tube Colour	Collection Tube	Purpose
1	Aerobic/Anaerobic	Blood Cultures	
2	Light Blue	Sodium Citrate Tube	sodium citrate as an anticoagulant - coagulation studies
3	Red	Serum Tube	contains no anticoagulant - serum for selected chemistry tests, clotted blood for immunohematology
4	Gold	SST Gel Separator Tube	contain a special gel that separates blood cells from serum, as well as particles to cause blood to clot quickly
5	Light Green	PST Gel Separator Tube with Heparin	Contains lithium heparin for plasma separation
6	Dark Green	Heparin Tube	contains sodium heparin - used for collection of heparinized plasma or whole blood for special tests
7	Lavender	EDTA Tube	EDTA as an anticoagulant - used for most hematological procedure
8	Grey	Fluoride Tube	contains potassium oxalate as an anticoagulant and sodium fluoride as a preservative - used to preserve glucose in whole blood and for some special chemistry tests

# Vacutainer and Luer Lock



# Obtaining a Blood Sample

- Obtaining a blood sample with a 20 ml syringe



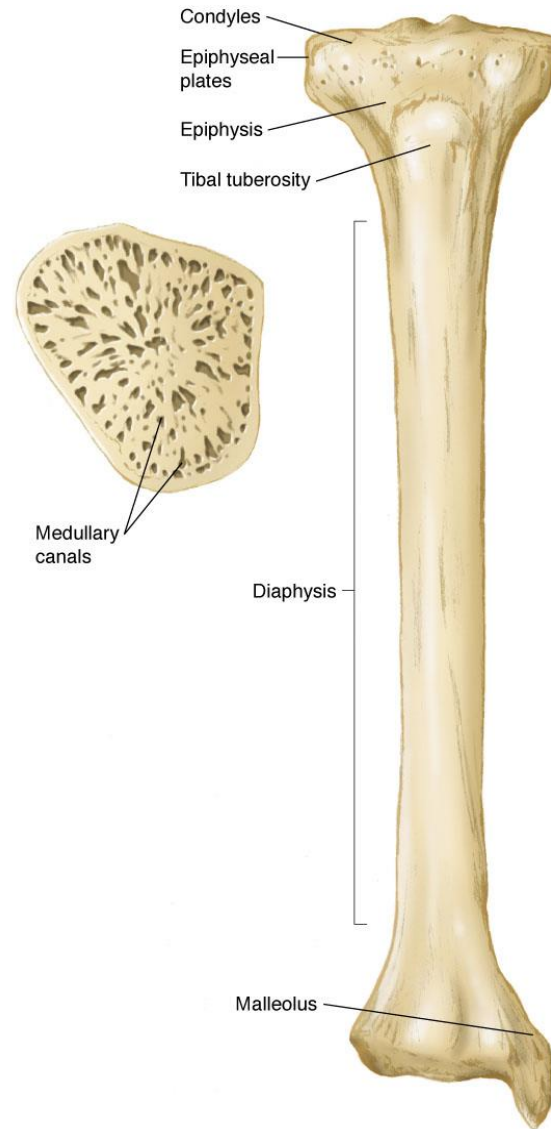
# Luer Sampling Needle



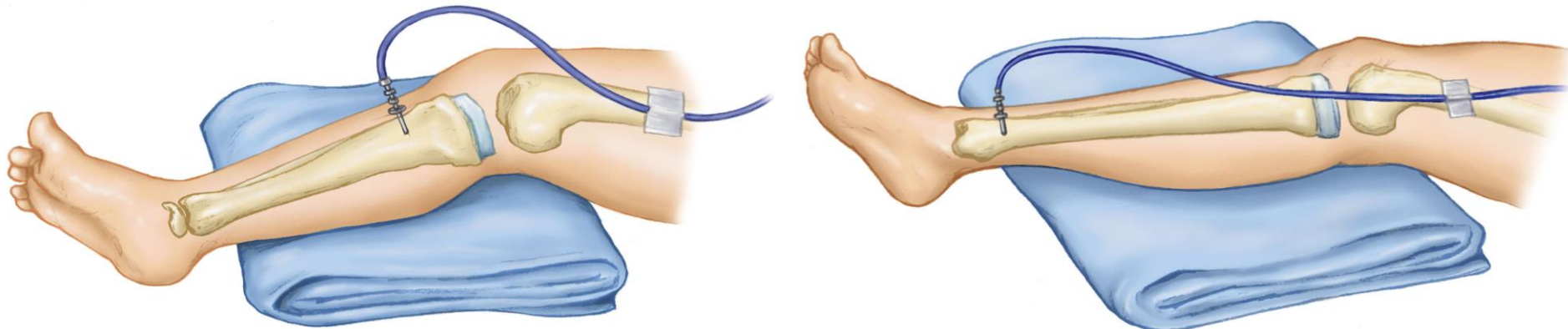
IV, IO, Blood Sample

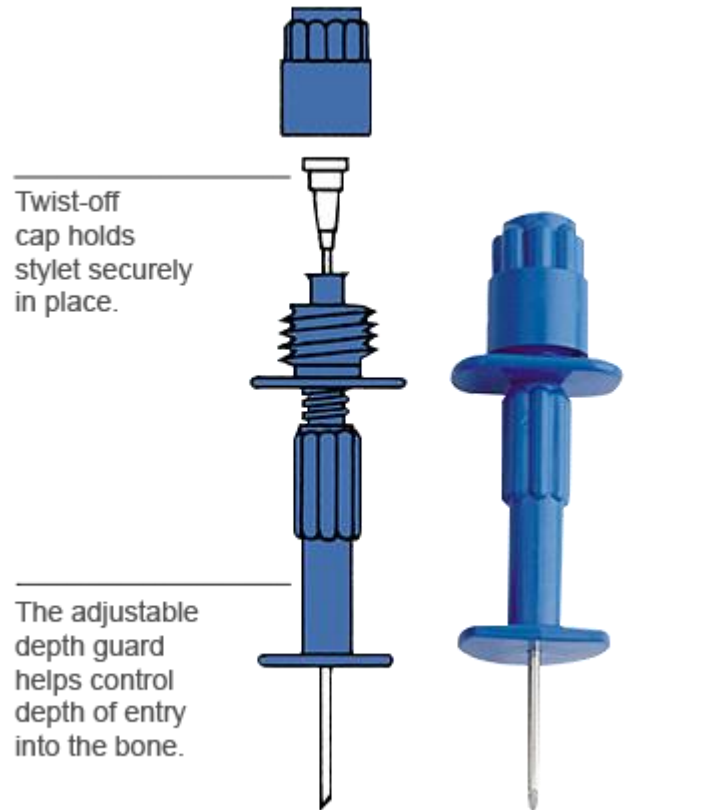
# **INTEROSSEOUS INFUSION**

- A rigid needle is inserted into the cavity of a long bone.
- Used for critical situations when a peripheral IV is unable to be obtained.
- Initiate after 90 seconds or three unsuccessful IV attempts.



- Pediatric and adult intraosseous needle placement sites.
  - Proximal humerus
  - Proximal tibia (most common)
  - Distal tibia
  - Sternum





Illinois IO Needle

EZ-IO System



- Prepare the equipment
- Select the appropriate site
- Clean the site
- Make the puncture



- Aspirate to confirm proper placement.



- Connect the IV fluid tubing



- Secure the needle appropriately
- Adjust flow rate accordingly



- Fracture
- Infiltration
- Growth plate damage
- Complete insertion
- Pulmonary embolism
- Infection
- Thrombophlebitis
- Air embolism
- Circulatory overload
- Allergic reaction

- Fracture to tibia or femur on side of access
- Osteogenesis imperfecta
  - Congenital bone disease resulting in fragile bones
- Osteoporosis
- Establishment of a peripheral IV line

IV, IO, Blood Sample

# **INTRAOSSEOUS MEDICATION ADMINISTRATION**

# Interosseous Medication Administration

- Administer the medication
- Monitor the patient for effects



- Types of intravenous access
- Equipment for intravenous access
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