

Existing Vascular Access

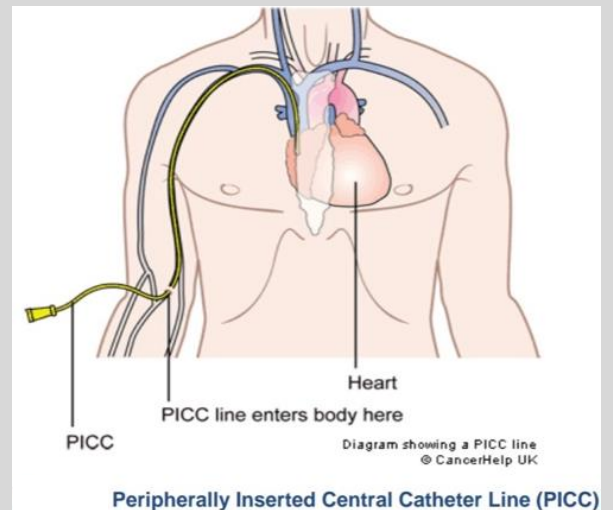
Applies to:
P Paramedic

Clinical Indications:

1. Adult patients where intravenous access is indicated (e.g., significant trauma, emergent or potentially emergent condition) for fluid and/ or medication therapy and peripheral access is not obtainable.
2. Consider all other routes of administration, including IV, IO and IM, before using pre-existing vascular access devices.
3. Patients and caregivers may be able to provide information about their device.

Contraindications:

1. Do not use if there is redness, swelling or pain at or around the site, a blocked lumen, or the patient or caregiver reports any contraindication(s) for use.
2. Do not use if unable to flush the line.
3. Do not attempt to access a subcutaneous port if it is not already accessed. Subcutaneous port access requires a specialized needle and cannot be accessed with a regular IV.
4. Do not access dialysis catheters.



Procedure:

1. PICC lines are the only authorized existing vascular device authorized for EMS access.
2. Wash or disinfect hands thoroughly and wear gloves. Aseptic technique is critical as indwelling lines can easily become infected. Once cleaned, do not allow the needleless connector to touch anything.
2. Clean the entire needleless connector hub thoroughly with an alcohol swab using friction for a minimum of 15 seconds and allow to air dry completely. Re-clean each time accessed.
3. Unclamp the tubing on the needleless connector. Ensure the line is secured to prevent it from pulling and potentially dislodging the central line, which may result in a life-threatening air embolus.
4. Flush the needleless connector with 10 ml of normal saline. Use a pulsating push-pause action, which helps remove residual infiltrates. If there is difficulty flushing the line, have the patient raise their arm on the side of insertion or change positions.



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5. Administer medication using a 10 ml syringe; use of a smaller syringe may result in excessive pressure being exerted, which could damage the catheter. Do not introduce air or allow an infusion bag to run dry.
6. When disconnecting a syringe, it is important to use a positive pressure technique to prevent back flow of blood into the catheter. Before removing the empty syringe, clamp the line to prevent back flow.
7. For adults and pediatrics who do not measure on the length-based tape, flush the needleless connector with 20 ml normal saline after each medication administration; for pediatrics who measure on the length-based tape, flush with 10 ml normal saline. Re-clamp after flush. Keep the needleless connector clamped when not in use.
8. Inform receiving hospital staff which site was accessed.

Notes:

1. When infusing a fluid bolus, a pressure bag may be required due to the small diameter of the PICC line.
2. It is important to prevent air bubbles since any air introduced can be dangerous.
3. Make sure all air bubbles are removed from the syringe before connecting.

