

<b>VASCULAR ACCESS AND MONITORING</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• In stable patients, may monitor and turn off IV lines of isotonic balanced salt solutions without medication or electrolyte additives and flowing at a maintenance rate</li> </ul>	
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Establish IV with drip set or saline lock as appropriate</li> <li>• Intraosseous (IO) may be utilized when:               <ul style="list-style-type: none"> <li>○ GCS &lt; 8 in extremis with hemodynamic instability/respiratory distress/cardiac arrest AND</li> <li>○ Unable to establish vascular access after 2 attempts</li> </ul> </li> <li>• Attempts to establish vascular access should be continued even if IO is successful</li> </ul>	
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• Pain management if patient becomes conscious after establishing IO access</li> <li>• As needed</li> </ul>	
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Peripheral IV placement is preferred to IO placement – including the external jugular</li> <li>• Utilize the tibial plateau only for IO</li> <li>• IO contraindications               <ul style="list-style-type: none"> <li>○ Fracture of the proximal tibia or femur</li> <li>○ Knee replacement or previous IO attempt at same site within 24 hours</li> <li>○ Inability to locate landmarks</li> </ul> </li> </ul>	