VASCULAR ACCESS AND MONITORING

ADULT	PEDIATRIC (≤34KG)

BLS

- Universal Protocol #601
- Pulse Oximetry – O_2 administration per Airway Management Protocol #602
- 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

ALS Standing Orders

- Establish IV with drip set or saline lock as appropriate
- Intraosseous (IO) may be utilized when:
  - GCS < 8 in extremis with hemodynamic instability/respiratory distress/cardiac arrest AND
  - Unable to establish vascular access after 2 attempts
- Attempts to establish vascular access should be continued even if IO is successful

Base Hospital Orders Only

- Pain management if patient becomes conscious after establishing IO access
- As needed

Notes

- Peripheral IV placement is preferred to IO placement – including the external jugular
- Utilize the tibial plateau only for IO
- IO contraindications
  - Fracture of the proximal tibia or femur
  - Knee replacement or previous IO attempt at same site within 24 hours
  - Inability to locate landmarks