

INTRAVENOUS PROCEDURE - Non-Operative

Instruments

1. Flask of fluid - sterile - quantity and type as ordered.
2. Necessary tubing - clean and sterile.
3. Needle - sterile  
#19 - 22  
#18 if blood or plasma is to be given.
4. Arm band
5. Bandage
6. Sterile gauze sponges
7. Solution to cleanse arm (alcohol - 70% by weight)
8. Adhesive
9. Tourniquet

TO BE  
ON TRAY

Procedure

1. Select suitable vein - in following order of choice.
  - a. Dorsum of forearm
  - b. Dorsum of hand
  - c. Cubital fossa
  - d. Anterior to medial malleolus
  - e. Posterior to lateral malleolus
  - f. Right upper arm
  - g. Jugular
2. Immobilize area of needle puncture with splint unless vein is not located over a joint.
3. Cleanse area for approximately five square inches where needle is to be inserted. Leave sterile gauze over site.
4. Fix tubing into bottle and needle on opposite end.
5. Allow fluid to fill tubing to end of needle so that no air is trapped in tubing. Clamp tube.
6. Obstruct vein with moderate pressure - such as by a rubber tube tied about arm.

BY  
PHYSICIAN  
ONLY

*Such splint should be comfortable  
so that pt. can wear same for hours if  
necessary.*

7. Hold base of needle in right hand. Fix vein with pressure over the vein by the left hand just distal to point where needle is to be inserted.
8. Insert needle at 30° angle to longitudinal axis of the vein, first through the skin, and then into the channel of the vein. At this point the hilt of the needle is lowered to a point parallel to the longitudinal axis and the needle is threaded further into the channel of the vein. Fix needle to skin. *with tape.*
9. Release tourniquet and,
10. Open clamp on rubber tubing to allow fluid to flow.
11. Check to see that fluid is running freely.
12. Regulate drip apparatus to 30 -100 drops per minute.
13. Fix extremity to bed unless patient is very cooperative in holding extremity quiet

#### To Discontinue

1. Remove needle
2. Apply pressure over puncture wound with sterile gauze for a few minutes.
3. Clean and return apparatus to supply room.

#### Important Points

##### 1. Fluid

- a. Usually not more than 1000 cc. saline daily.
- b. Total fluid daily usually does not exceed 3000 cc.
- c. Bottles partly used are not to be stored and re-used.
- d. Glucose solution that has turned brownish should not be used.
- e. Carefully check label on all fluids before giving them and also double check order on order book.

##### 2. Veins

- a. Check patency of vein before using it.
- b. If unsuccessful on two attempts to insert needle into vein call someone more experienced. Do not destroy further veins that may save the patient's life.

c. Care in selecting and studying vein is usually the difference between success and failure in starting intravenous therapy.

3. Good fixation of needle in the vein and of the extremity eliminate the necessity to re-start a plugged needle.
4. Rate of flow - check repeatedly after flow is established to see that rate of flow is correct.
5. Do not allow bottle of fluid to empty below mouth of bottle Before discontinuing intravenous or changing to full bottles.
6. When fluid flow stops - restart - or failing that - report immediately to nurse or ~~physician~~ *medical officer*.
7. Report immediately any unusual symptoms patient may have such as chill, swelling at site of intravenous needle etc.