

**EXTERNAL JUGULAR IV ACCESS
EMMCO WEST ALS GUIDELINE****Criteria:**

- A. Patient in need of fluid administration for volume expansion or medication administration.

Exclusion Criteria:

- A. Patient has a functioning peripheral extremity IV.
- B. Patient has an indwelling central venous line and is hemodynamically unstable.

Procedure:**A. All Patients:**

1. Explain the procedure to the patient whenever possible.
2. Position the patient: supine, elevate feet if patient condition allows (this may not be necessary or desirable if congestive heart failure or respiratory distress is present). Turn patient's head to opposite side from procedure.
3. Expose vein by having patient bear down if possible, and "tourniquet" vein with finger pressure just above clavicle.
4. **Scrub** insertion site (Betadine v. alcohol is less important than vigor.)
5. Do not palpate, unless necessary, after prep.
6. Align the cannula in the direction of the vein, with the point aimed toward the shoulder on the same side.
7. Puncture the skin over the vein first, then puncture vein itself. Use other hand to traction vein near clavicle to prevent rolling.
8. Attach syringe and aspirate if the pressure in the vein is not sufficient to give flashback. Advance cannula well into vein once it is penetrated. Occlude catheter with gloved finger until IV tubing is connected to help prevent air embolism. Attach IV tubing.
9. **If initial attempt is unsuccessful, a second attempt may be made on the same side as the first prior to contacting medical command. Medical command must be contacted prior to making more than 2 attempts or if bilateral attempts are considered.**
10. Open IV tubing clamp full to check flow and placement, then slow rate to TKO or as directed.
11. Cover puncture site with appropriate dressing. Secure tubing with tape, making sure of at least one 180° turn in the taped tubing to be sure any traction on the tubing is not transmitted to the cannula itself.
12. Recheck to be sure IV rate is as desired, and monitor.
13. Document fluid type, size of catheter, site and complications on PaPCR.