# **Intravenous Access & Infusion – 30.100**

### INDICATIONS:

- A. Normal Saline is indicated for replacement of fluid volume losses such as in trauma, burns, dehydration, or shock.
- B. An IV lock may be substituted for an IV line in all situations, except where IV fluid is the therapy of choice for volume replacement.

#### PROCEDURE for IV Access:

- A. IV access:
  - 1. Establish IV access and prepare LR or NS.
  - 2. Connect an extension set between the IV hub and the solution bag and tubing.
  - 3. All IVs will be started using regular drip sets (15 gtts/cc), unless otherwise indicated.
- B. IV access with an IV lock:
  - 1. Establish IV access.
  - Connect male adapter plug (with pre-flushed short extension tubing) to IV hub.
  - 3. After placement, the line should be flushed with normal saline.
  - 4. If the IV lock system is used for the administration of medication, the line must be flushed after each administration.

# **PROCEDURE for IV Medication Infusions:**

- A. Using a Buretrol® or Soluset® type device:
  - 1. Establish IV access and prepare solution.
  - 2. Connect the Buretrol® between the solution bag and the IV tubing.
  - 3. Place one hour's solution into the Buretrol® and close the connection between the Buretrol® and the solution bag. Note: The number of microdrops/minute=the number of ccs/hour.
  - 4. Begin infusing solution at the appropriate rate.
  - 5. If desired, additional solution may be placed in the Buretrol®. The Buretrol® should never contain more than one hour of solution.
- B. Using an infusion pump:
  - 1. Establish IV access and prepare solution.
  - 2. Connect IV tubing to infusion pump according to manufacturer's directions.
  - 3. Begin infusing solution at the appropriate rate.

## **NOTES & PRECAUTIONS:**

Normal Saline should be used with caution in patients with renal impairment (hyperkalemia), cardiac and respiratory disorders (fluid overload), or extremes of age.