THE STUDY VAULT

Clinical Chaos

IV Start

SKILL SNAPSHOT

Purpose

Establish safe peripheral venous access for fluids, medications, blood products, or diagnostic needs.

When to use

When prescribed therapy requires peripheral access or rapid venous access is clinically indicated.

Supplies needed

Catheter; tourniquet; antiseptic; gloves; extension set; 0.9% NS flush; dressing; tape/securement; label; sharps container.

PREP + PATIENT SETUP

- Verify order, therapy, allergies, and limb restrictions.
- Explain procedure; select smallest appropriate catheter and site.
- Prime extension set; position patient and apply tourniquet.
- Perform hand hygiene; palpate vein before skin antisepsis.

VAULT TIP

After flashback, lower the angle and advance slightly before threading—this helps place the catheter, not just the needle, in the vein.

STEP-BY-STEP

- Select a distal vein first; avoid infection, injury, flexion, fistula/graft, or restricted limb sites.
- Apply tourniquet; encourage fist clenching without vigorous pumping.
- Clean site with approved antiseptic using friction; allow it to dry completely.
- Don gloves; stabilize vein below insertion site without repalpating cleansed area.
- Insert bevel up at a shallow angle until blood return appears.
- Lower catheter, advance slightly, then thread catheter off needle into vein—never reinsert needle into catheter.
- Release tourniquet; occlude vein gently; activate safety device and discard needle immediately.
- Connect primed extension; aspirate/flush per policy while assessing for pain, swelling, or resistance.
- Secure with sterile transparent dressing; keep insertion site visible and label date/time/gauge/initials.
- Reassess patency and site before every use.

SAFETY REMINDERS

- Never reinsert a removed needle into the catheter.
- Avoid excessive attempts; follow escalation policy.
- Stop for pain, swelling, resistance, blanching, or leaking.
- Use aseptic non-touch technique and immediate sharps disposal.

COMMON MISTAKES

- Touching site after antisepsis.
- Failing to let antiseptic dry.
- Advancing needle after threading begins.
- Taping over the insertion site so it cannot be assessed.

DOCUMENTATION

- Date/time, site, side, vein if known, and catheter gauge.
- Number of attempts and inserter.
- Patency, flush response, dressing, and securement.
- Patient tolerance, teaching, and complications.