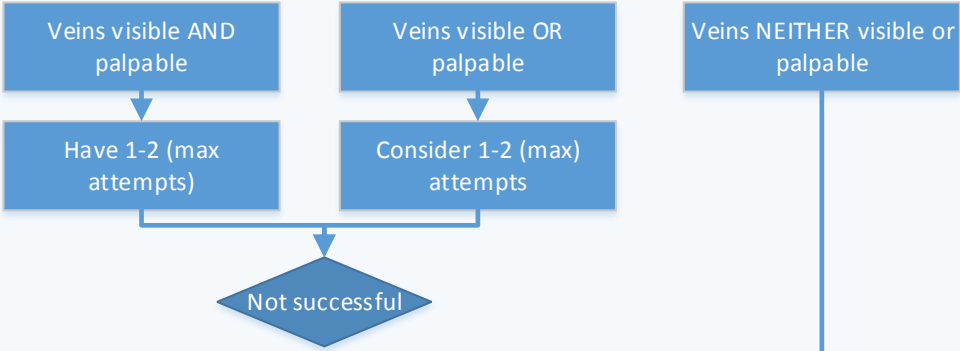


Decision tree – Patient requiring IV access

HO or IV credentialed RN assess patient:

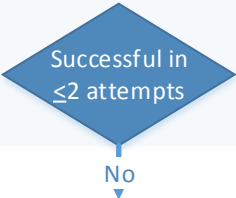
- Consider patient condition – has condition OR need for line become critical – CALL CODE PINK
- Consider need for IV line – How urgently does this patient require the line? Could you wait until morning (if after hours)? Are there any other options to IV access?
- What is the line required for and for how long? Would central IV access be a better option?
- Physical assessment – ease of cannulation, consider early escalation if there is a history of difficult IV access especially in patients with chronic conditions
- Optimise scenario with preparation techniques (Link to procedural pain guideline)
- Consider, are you the right person to do this line?



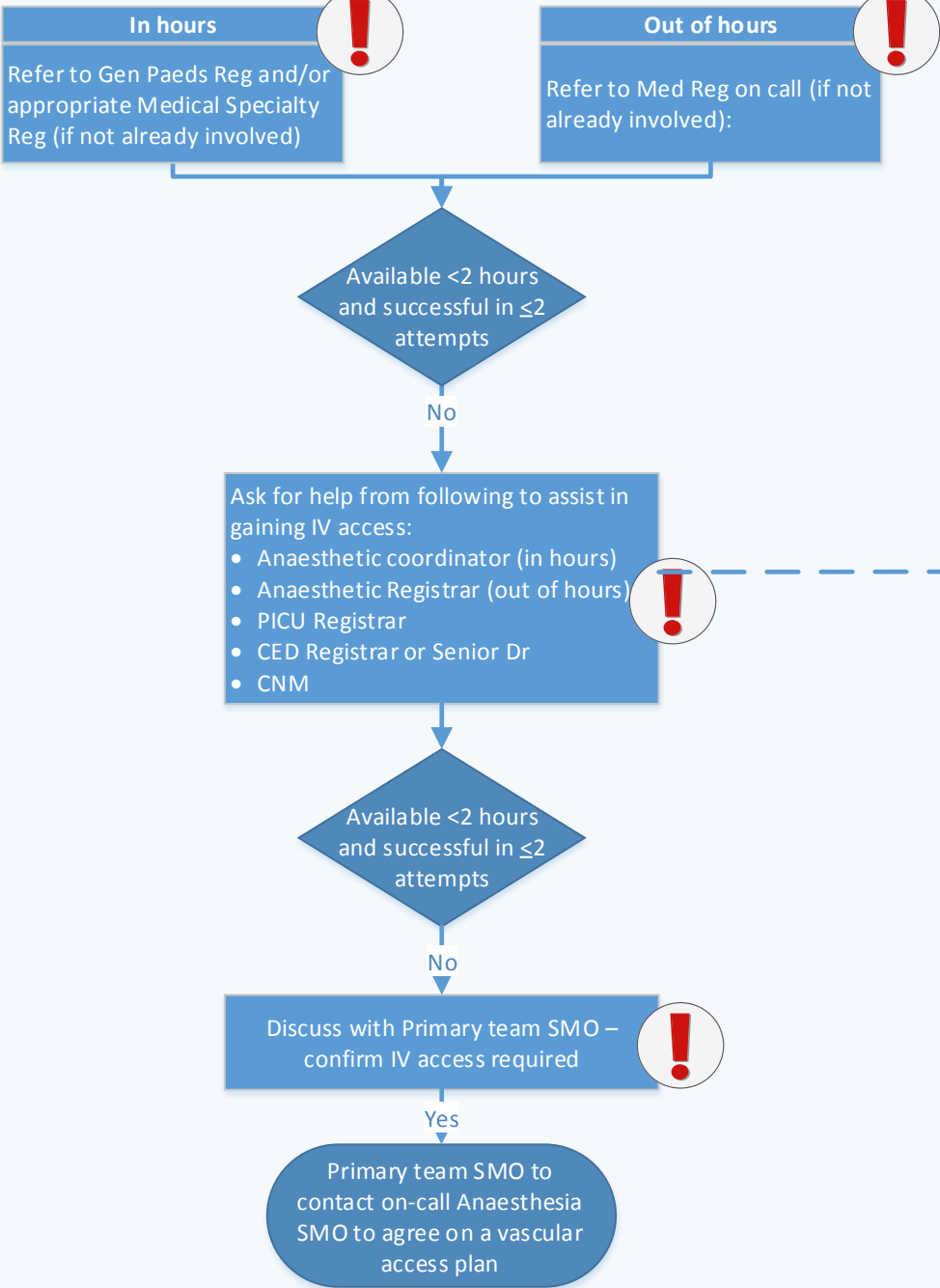
Escalate to primary team registrar

Primary team Registrar assesses patient – considerations as per HO/RN and:

- Consider patient condition – has condition OR need for line become critical – CALL CODE PINK
- Utilise ‘vein finder’ or ultrasound (SF proposal to purchase these) – if experienced
- Ease of cannulation
 - Consider whether you are the right person to have 2x attempts
 - Consider early escalation if there is a history of difficult IV access especially in patients with chronic conditions
- What is the line required for and for how long? Consider early consultation with primary team SMO to discuss whether central IV access would be a better option



Escalation pathway – Patient requiring peripheral IV – Difficult access



CALL CODE PINK
If patient condition critical
OR
need for IV access critical

Principles of pathway:

- Throughout the process of gaining IV access, the primary (or covering) team retains responsibility for overall assessment and management of the patient and for escalation through pathway.
- The needs of the patient are central to this pathway and all care delivered. Every attempt will be made to support a clinician requesting help to gain IV access.
- Continued assessment of the patient and their clinical condition is essential. This pathway should not override clinical judgement.
- Consider early escalation if patient has history of difficult IV access, especially those with chronic conditions.

Availability of help from these roles will be dependent on their own service responsibilities and whether they are currently on-site (note Anaesthetic Registrar usually off site after midnight).