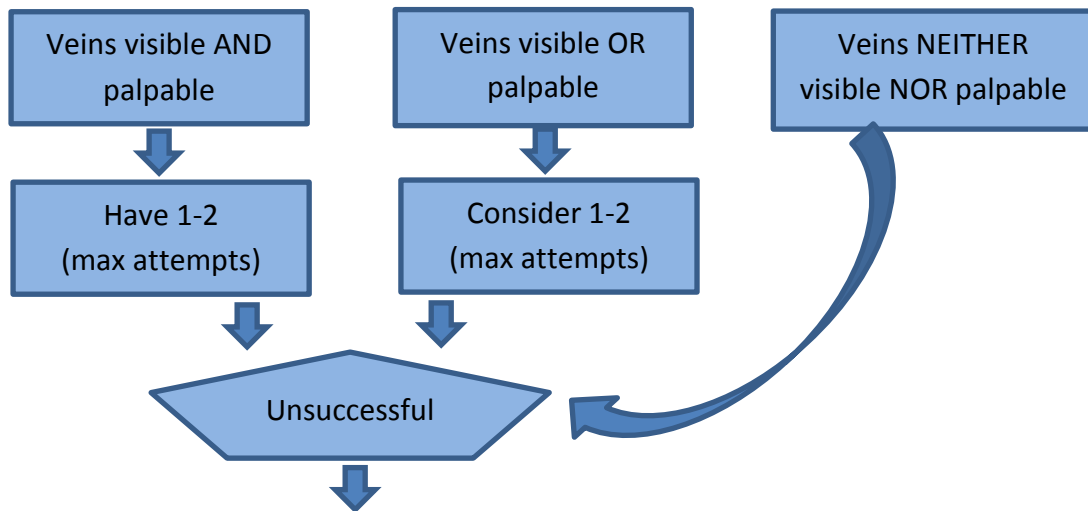


Peripheral intravenous (IV) access assessment and escalation pathway

Decision tree for intravenous cannulation in neonates

Registrar OR IV credentialed Registered Nurse (RN) to assess patient:

- Identify necessity for ongoing IV therapy:
 - Baby's size, age, and gestation
 - Why does the baby need an IV?
 - Type and rate of infusion(s) and/or medications infusing and for how long?
 - Is this the baby's last dose of antibiotics? Could they be given I.M. instead?
 - Is the baby almost on full feeds?
 - Would a central venous access or EPIC be a better option?
- Physical assessment
 - Ease of cannulation. Are you the right person to do this line?
 - Consider early escalation if there is a history of difficult IV access especially in patients with chronic conditions
 - Avoid using potential long line sites, i.e., saphenous, antecubital, brachial and cephalic veins



Escalate to Level 2 or 3 NP/NS-ANP/ Fellow/Expert Nurse/SMO

NP/NS-ANP/Fellow/Expert nurse to assess patient – consideration as above

- Consider use of vein finder located in the NICU blood gas room
- Consider early consultation with SMO to discuss whether central venous access or EPIC would be a better option.

