



**SOUTHWESTERN CONNECTICUT
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

611 OLD POST ROAD

FAIRFIELD, CONNECTICUT 06430

(203) 255-4411

**GUIDELINES FOR THE STARTING OF IVs
AND THE USE OF IV FLUIDS**

The following guidelines for the starting of IVs and the use of IV fluids apply to the medical intervention provided by all EMS personnel in Southwestern Connecticut who have current authorization and certification at the EMT-Intermediate level.

Medical Control for the IV Skill

A. EMT-Intermediates may initiate peripheral IV insertion as follows:

1. By a direct order from medical control.
2. Upon the order of a regionally authorized paramedic who is present at the scene and who responded as part of the EMS system.
3. By a written standing order from the service's controlling hospital(s).

B. Indications for medical direction for the IV skill:

1. Shock of any cause.
2. Impending shock/suspicion of impending shock based upon mechanism of injury.
3. Entrapped patients (with prolonged extrication).

Reasons for Initiating Intravenous Lines:

A. Fluid replacement.

B. Venous access.

IVs for Fluid Replacement

A. Indications:

1. Shock of any cause.
2. Impending shock/suspicion of impending shock based upon the mechanism of injury.



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Equipment:

3. Fluid: Normal saline.
4. Set: Macro drip.
5. Needle: #14, #16, or #18 gauge.

B. Contraindications: There are no absolute contraindications for peripheral intravenous insertion.

C. Relative Contraindications for Fluid Replacement:

1. Congestive heart failure (CHF) or pulmonary edema from any cause.
2. Renal dialysis patient (use PASG [MAST] if it is indicated). Do not use on a shunt.
3. Unable to catheterize vein in two (2) attempts or within two (2) minutes. Further attempts should be at the discretion of the medical direction physician. (If inability to start the line is due to decline in patient's condition and PASG (MAST) is indicated, perform additional attempts(s) after inflation according to PASG guidelines.)
4. Clinical picture/history (this episode) of heart attack.
5. Cardiogenic shock or arrest other than from hypovolemia.
6. Patient is a child with body size less than that of an average 10-year-old. (Pediatric patients are not routinely started; if special circumstances exist, contact medical direction.)

D. Time Considerations and priorities:

Fluid replacement should be started as early as possible, as indicated by the patient's clinical situation, AFTER standard BLS patient assessment and intervention have been performed.

If both PASG (MAST) and IV fluid replacement are indicated and ordered, the PASG is to be applied and inflated first, followed by the intravenous insertion.

DO NOT DELAY TRANSPORT TO START AN IV.

IVs for Venous Access ("KVOs")

A. Indications:

1. Suspicion of impending shock based upon the mechanism of injury.

