

❖ Purpose:

- Considerable healthcare previously only done in the hospital is now being provided in the home setting. Therefore, the EMS system is more often encountering patients out of the hospital who have various permanent or semi- permanent venous access devices. This policy attempts to provide guidance when paramedics should consider the use of these devices when contemplating resuscitation.

❖ Policy:

- PVAD should be considered as the vascular access of last choice.
 - In most cases IO access is much preferred and readily available See Procedure 707 *Intraosseous Infusion*
- In every case, these persons should be acuity levels 1 or 2 only. See Policy 621 *Patient Acuity Guidelines*
- In every case, Base Hospital contact must be made in advance.
- Documentation should clearly note the use of PVAD after base contact. Notation should include at a minimum:
 - Route
 - Complications of procedure
 - Effect of treatment

❖ Contraindications

- Routine vascular access for saline lock or TKO fluids for low acuity patients
- Ability to obtain peripheral IV or IO
- Always avoid tourniquets or blood pressure cuffs on extremities with AV fistulas
 - A simple blood pressure reading over an AV fistula can ruin the graft or cause thrombosis that would permanently complicate further care.

