VASCULAR ACCESS

**Patient Care Goals:**
- Successfully achieve vascular access when indicated

**Key Considerations:**
- The decision to obtain and the method to achieve vascular access requires provider judgement and is patient and scenario specific.
- The number of attempts at a method of vascular access before attempting another method also requires provider judgement.
- The benefits for obtaining vascular access should outweigh the risks (ex. patient discomfort, delay in transport etc.)
- Vascular access can be achieved using any of the following:
  - **Peripheral IV** (including External Jugular)
  - **IO** (unstable OR cardiac arrest patients only)
    - Acceptable sites for IO:
      - Humeral head
      - Proximal tibia
      - Distal tibia (medial malleolus)
  - **Pre-existing vascular access points** in patients who are unstable OR in cardiac arrest when they have *externally visible access ports*. (Ex. tunneled catheters in chest, hickman, groshong, broviac, PICC etc.)
    - When accessing pre-existing lines (peripheral or central) **5ml of blood must be withdrawn** from any port to be used **PRIOR** to using the line to avoid an inadvertent bolus of heparin.
  - **Dialysis AV grafts/fistula** should only be accessed as a last resort and only after failed IV/IO attempts in unstable OR cardiac arrest patients.
    - When accessing dialysis AV graft/fistula:
      - Be prepared for hemorrhage as they are under high pressure.
      - May require use of pressure bag to flow IV fluids.