



**EMERGENCY ACCESS OF PRE-EXISTING VASCULAR ACCESS
DEVICES (PVAD)**

Revised: 4/1/2019

INDICATION:

- Cardiopulmonary arrest (medical or trauma) in which peripheral intravenous access is not possible.
- If needed for other than cardiopulmonary arrest resuscitation, make Base Contact

CONTRAINDICATIONS:

1. Obvious signs of infection at site
2. Cracked or damaged device access point

PROCEDURE:

Consider routes of administration such as intramuscular, intraosseous, or intranasal before using pre-existing vascular access device.

External Access Port Device:

1. Avoid personal exposure to blood or fluids.
2. Discontinue any infusions to device that may be in place prior to arrival.
3. Observe sterile procedure and universal precautions.
4. Prepare 10 mL syringe with 10 mL sterile normal saline.
5. Clean injection port with alcohol swab.
7. Slowly inject 5 mL normal saline into catheter. Do not allow air bubbles to enter catheter. If resistance met, do not use device.
8. If no resistance, inject remaining 5 mL of normal saline through device.
9. For medication administration:
 - A. Inject IV dose of medication through PVAD port.
 - B. Flush with 10 mL sterile normal saline injected with syringe.
10. For IV infusion of normal saline or 10% Dextrose Solution:
 - A. Insert IV tubing into PVAD port (should be needleless access design).
 - B. If not of needleless design, insert 16-14 Gauge needle into PVAD port and connect IV tubing.
 - C. Secure tubing with tape and infuse usual IV volume.
 - D. Do not allow IV fluid to run dry.
11. When injection or infusion complete, remove syringe or needle and clean port with alcohol swab.
12. Should damage occur to the external catheter, clamp catheter between skin exit site and damaged catheter site to prevent air entering line.

Subcutaneous Hemodialysis Site (Shunt or Fistula):

1. Avoid personal exposure to blood or fluids.
2. Discontinue any infusions to device that may be in place prior to arrival.
3. Prepare IV infusion of normal saline.

Approved:

Review Dates: 9/2018
Initial Release Date: 10/5/2018
Final Implementation Date: 4/1/2019
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4. Observe sterile procedure (including sterile gloves) and universal precautions.
5. Clean skin area over site with alcohol or chlorhexidine solution.
6. Identify area of previous access for dialysis by looking for prior needle insertion marks.
8. Insert 16 or 18 gauge IV catheter into identified area of previous access.
9. Connect IV tubing and assure fluid flows freely into hemodialysis site.
10. Secure tubing with tape or clear plastic adhesive (such as Op-site®) and inject medication or infuse IV fluid. Do not allow IV fluid to run dry.

CAUTIONS:

1. Do not allow air bubbles into system, may cause air embolism.
2. Excessive bleeding can occur around hemodialysis fistula during or after access, use point specific manual pressure to control bleeding and avoid use of tourniquet (may clot and ruin fistula).
3. Use 10 mL syringes to avoid excess pressures in PVAD line, which may cause damage to device.

DOCUMENTATION:

1. Document all access attempts, site, and time accessed or attempted for access.
2. Notify receiving hospital staff of PVAD use and site (even when not successful).

Approved:

A handwritten signature in blue ink, appearing to read "S. Shattom".

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