

**LAC+USC MEDICAL CENTER STANDARDIZED PROCEDURE:
ULTRASOUND-GUIDED PERIPHERAL INTRAVENOUS CATHETER INSERTION**

Subject: ULTRASOUND-GUIDED PERIPHERAL INTRAVENOUS CATHETER INSERTIONSTANDARDIZED PROCEDURE	Original Issue Date: 6/19	Standardized Procedure #
	Supersedes: 6/19	Effective Date: 10/2020

PURPOSE:

The purpose of the use of ultrasound guided technique is to limit the amount of peripheral intravenous catheter attempts, to decrease patient pain and anxiety, and to decrease the delay in testing and treatment for emergent patients. Training of the nurse to perform this function will also reduce the need to pull the providers to perform this task.

POLICY:

To allow trained registered nurses (RN) to perform ultrasound guided IV insertion

Function:

The Ultrasound-Guided Peripheral Intravenous (USGPV) Catheter Insertion Standardized Procedure and Standardized Protocol is utilized to assist nurses with the visualization of veins that are not apparent on physical examination, resulting in fewer needle sticks, more rapid cannulation, and less discomfort in patients with difficult IV access.

Circumstances under which RN may perform function:

Only RN's are authorized to initiate this standardized procedure after completion of training and providing evidence of competency.

Setting:

The procedure may be performed in the LAC+USC emergency and inpatient units, by trained nurses.

Supervision:

The Nurse Manager/Designee is responsible for the supervision of the RN staff.

PROCEDURE:

USGPV catheter placement is indicated when it is difficult or impossible to use traditional techniques. There is no contraindication to USGPV catheter placement, but it is unnecessary when traditional techniques are sufficient.

The trained RN follows the Ultrasound-Guided Intravenous Catheter Insertion Nursing Procedure to insert the catheter utilizing ultrasound for adult patients.

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Eligibility, Training and Competency:

- In order to insert USGPiV catheters, a registered nurse is required to attend the LAC+USC Medical Center USGPiV catheter insertion training program and demonstrate clinical competency in 10 successful USGPiV catheter insertions under the direction of a qualified trainer
- A qualified trainer is an RN whose skill in the procedure has been evaluated by one of the following::
 - An Attending with ultrasound privileges
 - A previously qualified trainer
- Annual clinical competency is demonstrated by performing 5 USGPiV insertions per year that will be documented and recorded. If the Registered Nurse is unable to perform the 5 USGPiV insertions, then he/she will be required to re-take the training. Registered Nurses with experience in performing USGPiV insertions in another facility must complete the LAC+USC Medical Center USGPiV training and demonstrate clinical competency with 10 successful USGIV catheter insertions prior to being able to perform the skill on their own.

Competency will be assessed prior to the Registered Nurse initiating this standardized procedure

Written evidence of training and competency to insert USGPiV catheters, as well as competency to perform as a trainer will be maintained by the Nurse Manager and filed in the employee area personnel file. A binder/ electronic data base will also be maintained with the list of RNs trained to insert USGPiV catheters and will include proof of annual competency.

Circumstances Requiring Consultation:

Bacterial infections: Report any redness, swelling, bleeding, drainage or pain/tenderness along the catheter site immediately to the patient's physician and a Safety Intelligence report must be submitted.

Patient Record Keeping:

All USGPiVs shall be documented in the electronic healthcare record under iView and I&O.

Standardized Procedure Review:

The USGPiV Catheter Insertion Standardized Procedure shall be reviewed a minimum of every 3 years.

REFERENCES:

Ultrasound guided brachial and basilic vein cannulation in emergency department patients with difficult intravenous access. Annals of Emergency Medicine. (1999).

Ultrasound-guided peripheral intravenous cannulation in emergency department patients with difficult IV access. Academic Emergency Medicine. (2004).

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Ultrasonography-guided peripheral intravenous access versus traditional approaches in patients with difficult intravenous access. *Annals of Emergency Medicine*. (2005).

IV Therapy Clinical Standard

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The Interdisciplinary Practice Committee reviewed and approved the Ultrasound-Guided Peripheral Intravenous Catheter Insertion Standardized Procedure.

Chase Coffey, MD
Chief Physician, Internal Medicine

Date

Lydia Lam, MD, Co-Chair
Interdisciplinary Practice Committee

Date

Tammy Blass, RN, Co-Chair
Interdisciplinary Practice Committee

Date

Annie Marquez, RN
Interim Chief Nursing Officer

Date

Paul Holtom, MD, Chair
Medical Executive Committee

Date