



### Memorandum

Date: September 29, 2014  
To: All Paramedics  
From: Southwest Ontario Regional Base Hospital Program  
Re: IV Therapy Trends

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Good day Paramedics,

SWORBHPs auditing system has recently picked up a few trends related to IV attempts that we would like to address. Please note the **5 trends** below, and note that IV attempts should be made on any patient who requires fluid, medications, or might require them in the near future for those paramedics who are IV certified (PCP-IV and ACP).

- 1. Not initiating an IV because of proximity to the ED**
  - a. Please go ahead and initiate the IV regardless of distance to the ED.
- 2. Hypotension without other signs/symptoms.**
  - a. Hypotension is a sign/symptom on its own - please administer fluid unless the patient refuses. In the case of refusal, document accordingly and ensure the patient understands the risks involved
- 3. Hypotension is "the patient's norm"**
  - a. Please administer fluid unless the patient refuses
- 4. No veins seen or palpated**
  - a. You know your anatomy well enough to try to obtain the IV - go ahead and do so. Use any number of techniques to assist in visualization or palpation, or look for previous IV scars for insertion sites.
- 5. Non IV-Certified Paramedic attending**
  - a. The IV-Certified Paramedic should attend on these types of calls

#### Additional references

Dr. Eby and Paul Robinson co-authored a letter of explanation in the April 2013 SWORBHP LINKS Newsletter clarifying why these types of patients require treatment.

*Blood pressures in the 70's and 80's are not normal. This is especially true in the elderly who are unable to quickly mount a compensatory response by increasing their heart rate. For any cause of hypotension, the brain needs a mean arterial pressure of at least 60-70 mmHg to be able to auto-regulate its blood flow. Below that the brain does not perfuse well and the brain starts malfunctioning. If a patient's BP is only 75 systolic there is little reserve left. Therefore, it is important to attempt to raise a patient's BP to at least 90 systolic.*

Please see the attached link for full review.

[http://www.lhsc.on.ca/About\\_Us/Base\\_Hospital\\_Program/OpsLogistics/SWORBHPLINKSNewsletterApril2013.pdf](http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/OpsLogistics/SWORBHPLINKSNewsletterApril2013.pdf).

ASKMAC is also another great resource available for review, for example from Apr 9, 2013:

**Question:** I am a PCP and was wondering what constitutes an IV attempt. Does simply palpating and visually assessing the patient constitute an attempt if I do not find an accessible vein and do not blindly pic attempt insertion?

**ANSWER:** Thank you for your question! Attempting an IV in a patient who needs one (ie: hypotensive) is not always an easy task. Thus thoroughly assessing all possible sites is paramount to a successful attempt. Following the assessment of possible sites, your attempt begins once the IV catheter penetrates the skin of the patient. If you're having a difficult time locating a suitable vein, and your patient is in need of fluid/medication, we encourage you to try a 'blind' insertion. Should you need any additional reference material, or further detail on 'blind' insertion, please visit our website and locate the recently recorded Webinar titled: Tips and Tricks for the Not-So-Tricky IV.

Link to the Tips and Tricks for the Non-So-Tricky IV webinar:

[http://www.lhsc.on.ca/About\\_Us/Base\\_Hospital\\_Program/Education/iv\\_tips\\_and\\_tricks.htm](http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/iv_tips_and_tricks.htm)

We thank you for your time and consideration in the review of this matter.

Sincerely,

Your SWORBHP Team