

<b>Title</b>	Peripheral IV placement	<b>Policy #</b>	02-011
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**POLICY**

It is the policy of the Division of Diagnostic Imaging and Radiology to place peripheral venous lines safely and effectively for contrast and/or radiopharmaceutical administration.

**PURPOSE**

- 1) To provide radiology personnel with specific procedures to follow pertaining to the placement of a peripheral venous line.
- 2) To list personnel designated to place peripheral intravenous lines.
- 3) To comply with the required documentation of peripheral line placement.

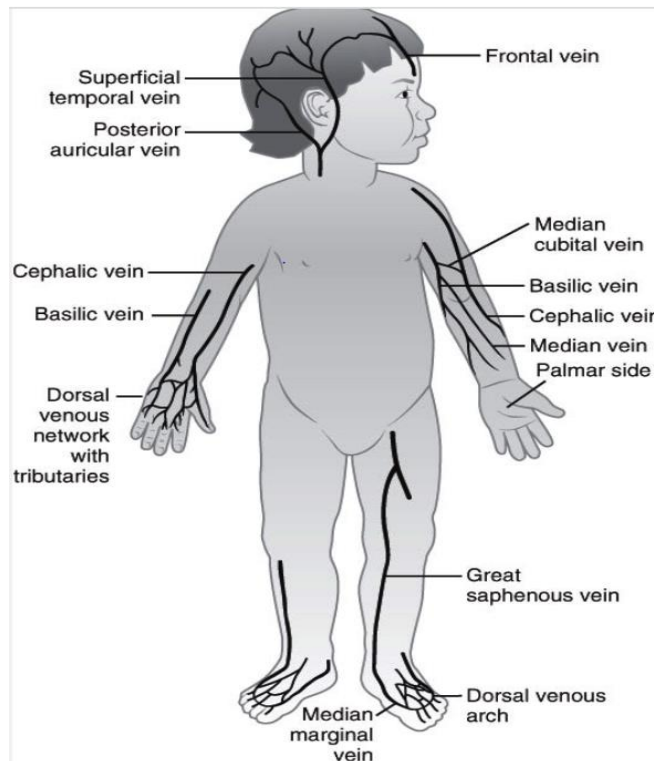
**STAFF QUALIFICATIONS:**

- 1) Peripheral line placement is to be performed by qualified radiology personnel.
- 2) Staff must complete and document a one-time initial competency.

**PROCEDURES AND TECHNIQUES:**

- 1) Review physician order was placed.
- 2) Use aseptic technique throughout the procedure.
- 3) Explain procedure to patient and/or parent. Ensure the explanation is provided at patient's level of understanding and in clear terminology.
- 4) Perform Rad check.
- 5) Assess the patients experience with IV placement and his or her arm placement preference.
- 6) Determine the gauge of catheter required.
- 7) Review patients' allergies or sensitivity to antiseptic solutions, adhesives, and dressings.
- 8) Perform a vascular assessment and select an insertion site.
- 9) If vein cannot be located, contact IV Team.
- 10) If needed, apply tourniquet. To prevent the spread of healthcare-associated infections, use the tourniquet for only one patient.
- 11) To stabilize the selected vein, apply traction to the side of the insertion site with the nondominant hand. Do not touch the area cleansed with antiseptic solution.
- 12) Penetrate the skin nearly parallel to the skin with the bevel of the catheter facing up. Adjust the angle of approach as needed, the deeper the vein, the greater the angle of approach.
- 13) Watch for blood return in the catheter or flashback chamber, depending on the manufacturer's guidelines for use. Lower the angle of the catheter as soon as blood return is observed.

- 14) Advance the catheter into the vein while removing the stylet. In the event of an unsuccessful IV start, remove the stylet first, activate the safety mechanism (if necessary), then remove the catheter. Never reinsert the stylet into the catheter because this can result in shearing of the catheter and subsequent embolism.
- 15) Release the tourniquet.
- 16) Activate the safety feature per the manufacturer's guidelines. Press the fingers of the nondominant hand over the vein path.
- 17) Attach add-on tubing with a threaded locking connector, such as an extension set or injection cap.
- 18) Assess and confirm vascular access device patency by aspirating for blood return and flushing using a syringe filled with a preservative-free 0.9% sodium solution.
- 19) Stabilize and tape device.
- 20) Discard supplies, remove gloves, and perform hand hygiene. At the completion of the procedure, ensure that all choking hazards (syringe caps, injection caps) are removed from the patient area and placed in the appropriate receptacles.
- 21) Document line placement under tubes, lines, and drains.



**Approved by:**

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Dorothy I Bulas, MD  
Division Chief, Diagnostic Imaging and Radiology

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6/30/2021

Date

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Laurie Hogan, MBA, CRA  
Director, Diagnostic Imaging and Radiology

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6/30/2021

Date

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Nurse Manager, Diagnostic Imaging & Radiology

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Date

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**Dates of review**

Original: June 30, 2021