I. Scope

All George Washington University nursing, resident and medical staff

II. Purpose

To provide guidelines for staff at the George Washington University Hospital (GWUH) regarding the process for obtaining vascular access on nights and weekends

III. Policy

The following procedure should be used when the Primary RN is unable to obtain peripheral IV access at times that the PICC Nurse is not on site.

IV. Procedure

1. When a Primary RN is unable to establish peripheral IV access on a patient, the Primary RN will attempt to establish access with use of the AccuVein.

2. If the Primary RN is unable to establish access with the AccuVein, the Primary RN will consult an ultrasound guided trained RN.
   a. If Primary RN is unable to identify an ultrasound guided trained RN on the unit, the Primary RN will contact the Charge Nurse.
   b. If the Charge Nurse is unable to identify an ultrasound guided trained RN on the unit, the Charge Nurse will contact the House Operations Supervisor.

3. If the ultrasound guided trained RN is unable to establish peripheral IV access with the use of ultrasound guided, the Primary RN will contact the Service Resident and ensure that all IV start supplies, including the ultrasound, are available at the patient’s bedside.

4. The Service Resident will evaluate the patient’s vascular status to determine if they should attempt to insert the peripheral IV.

5. If the Service Resident is unable to establish peripheral IV access, the Service Resident will make the determination as to whether immediate IV access is necessary.
   a. If immediate IV access is not necessary, the Service Resident will write orders changing the IV medications to oral and/or intramuscular formulations.

6. If immediate IV access is necessary, the Service Resident will request a Vascular Access Consult to insert the peripheral IV.
   a. The Service Resident will consult WebXchange to determine which service is staffing the Vascular Access-After Hours Consult Service. Surgery, Anesthesia, and ICU will rotate...
coverage of the consult service. The RF phone numbers of the services are posted in WebXchange.

7. If the Vascular Access Consult Resident is unable to establish peripheral IV access, the Service Resident will contact the Attending Physician to determine if a central line should be inserted or if the medications should be switched to oral and/or intramuscular formulations.

a. If the Attending Physician requests the insertion of a central line, the Vascular Access Consult Resident will insert the central line and document the procedure.

b. If the Attending Physician determines that the central line is not necessary, the Service Resident will write orders changing the IV medications to oral and/or intramuscular formulations.

V. References: Related GWUH Hospital Practice Policy: Chain of Command

Algorithm below

Approved:

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Medical Director

Date