

## POWER MINUTE

# Peripheral IV Placement

## BEFORE THE STICK

### Look For

- Soft, compressible superficial veins
- Warm, well-perfused skin tone and cap refill
- Intact sensation and full range of motion
- Distal sites first; escalate proximally only when needed
- Palpate, select, then release tourniquet before prep — no blind attempts

### Walk Away From

- Swelling, edema, or boggy tissue
- Fractures, casts, recent trauma
- Active infection, cellulitis, rash, burns
- Induration, hematoma, pulse, or infiltration/extravasation
- PICC limbs (unless below site), fresh attempts <24h, or tourniquet-only picks

## LIMB RESTRICTIONS & VASCULAR RED FLAGS

### When to Re-route

- Mastectomy or lymph node dissection side
- Dialysis fistula/graft limb
- Active lymphedema, postoperative swelling, or hematoma
- Known DVT, thrombophlebitis, vascular surgery, or PICC limb
- Adult lower extremities (contraindicated in diabetes)

### Escalate Early

- If neither arm is usable or repeated attempts fail, call the provider and partner with our ultrasound-trained IV nurses for guided placement
- Therapy needs > 18g or irritant/vesicant infusions ⇒ notify the provider to evaluate central access
- At the first sign something feels wrong (patient report, swelling, severe pain), pause and involve the provider immediately
- Document refusals, restrictions, or attempts in the chart immediately

## WHY IT MATTERS

- Compromised sites multiply risks: infiltration, thrombosis, nerve injury, compartment syndrome
- Inflamed or infected entry points push pathogens deeper

- Damaging the best distal veins shortens future access options
- Choosing the right limb protects therapy continuity and patient comfort
- Document limb restrictions, failed attempts, and patient refusals immediately

## COMPARTMENT SYNDROME: ACT FAST

- Notify the provider immediately with any concern for compartment syndrome or unexplained swelling/pain
- Request vascular or orthopedics consultation early when symptoms or high-risk infusions are present
- Stop infusions, maintain limb at heart level, and prepare for rapid escalation if symptoms evolve

### Document the 5 P's (Osmosis, 2024):

- **Pain:** quantify on the 0-10 scale; pain out of proportion or with passive stretch
- **Pallor:** note skin color/temperature changes vs. the other limb; cap refill >3 sec
- **Pulse:** assess distal pulses (radial, dorsalis pedis, posterior tibial) for absent/diminished flow
- **Paresthesia:** numbness, tingling, loss of light-touch sensation ("pins and needles")
- **Paralysis:** reduced motor function or inability to move the extremity

### Never Blind Stick

Palpate and visualize the vessel, then release the tourniquet before skin prep. Reassess circulation during and after insertion.

## Quick Check

Right patient · Right limb · Right vein · Right gauge · Zero preventable harm.

Peripheral IV Safety Micro-huddle · v2026.02 · 5 P's reference: Osmosis.org circulation assessment (2024)