

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.