

# Starting an IV Doesn't Have To Hurt!

## TIPS/RESOURCES

- ◆ Use warm-moist-compress on extremity to distend veins.
- ◆ Offer distraction techniques during veinipuncture.
- ◆ Immobilize and stabilize the vein.
- ◆ If unsuccessful after 2 attempts, ask for help from another unit nurse, SOS, med flight, anesthesia, or team leader.
- ◆ Consider a peripheral midline catheter for IV therapy  $\geq 6$  days. Consider central PICC for therapy  $\geq 9$  days or therapy with vesicants, TNA, or highly irritating antibiotics such as vancomycin or nafcillin. For midline or PICC insertion see the list of certified staff posted on unit or page SOS (med-surg pager # 3310; critical care pager #3312).
- ◆ See Continuous Peripheral IV Therapy Policy and Procedure # 1.23.
- ◆ *For more information see: Millam D. The use of anesthesia in IV therapy. JVAD 1995 1(1): 22-28.*

## Advantages of Providing Analgesia Prior to IV Catheter Insertion:

- ◆ The patient is more relaxed and cooperative
- ◆ Lessened fear and anxiety reduces possibility of vasospasm from vagal stimulation
- ◆ The nurse is able to use more time and effort to cannulate deeper, often more suitable veins
- ◆ The increased pain of larger bore needles is eliminated
- ◆ The success rate is improved because pain is not experienced

| <b>EMLA CREAM</b><br><b>(lidocaine 2.5% and prilocaine 2.5%)</b>  | <b>SUBQ/INTRADERMAL LIDOCAINE</b>  |
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| <ol style="list-style-type: none"> <li>1. Ascertain there is no known allergy to lidocaine (Xylocaine) or bupivocaine (Marcaine). Lidocaine allergy is rare. Lidocaine can be given to patients with known allergy to procaine (Novocaine).</li> <li>2. Write a verbal order (to cover cost of cream).</li> <li>3. Obtain EMLA tube from unit or clinic pharmacy (tube contains enough cream for 2-4 sites).</li> <li>4. Squeeze out a dollop of EMLA Cream (1/2 of a 5-g tube) directly onto the skin. EMLA may be left in place for up to 3 hours without diminishing its effectiveness. Do <u>not</u> rub the cream into the skin.</li> <li>5. Cover with an airtight dressing (e.g. Tegaderm). Seal edges only, ensuring there is no leakage. Be sure to allow EMLA to remain in a thick layer.</li> <li>6. Remove the thick paper frame and seal edges of dressing onto the skin. Record time. Make certain EMLA remains undisturbed</li> <li>7. Immediately before the procedure (<u>at least</u> 60 minutes after EMA has been applied), remove dressing and cream. Clean entire area as usual and begin procedure.</li> </ol> <ul style="list-style-type: none"> <li>◆ Once opened EMLA cream will maintain its shelf-life through the expiration date printed on the tube providing the cap is resealed tightly after each use.</li> </ul> | <ol style="list-style-type: none"> <li>1. Ascertain there is no known allergy to lidocaine (Xylocaine) or bupivocaine (Marcaine). Lidocaine allergy is rare. Lidocaine can be given to patients with known allergy to procaine (Novocaine).</li> <li>2. Obtain lidocaine without epinephrine (1%) and insulin or TB syringe.</li> <li>3. Select venipuncture site.</li> <li>4. Prep site per policy.</li> <li>5. Inject small wheal (0.05-0.2ml) of lidocaine subq or intradermal (bevel up only 1/4 to 1/3 cm into skin). Do not inject into vein. Inject wheal 1/8-1/4cm to side of vein, unless vein is deep.</li> <li>6. Gently massage and flatten wheal with alcohol pad.</li> <li>7. Allow 30-60 seconds for full effect. Anesthetizing effect lasts 30-45 minutes.</li> <li>8. Stabilize vein and hold skin taut. Insert catheter directly into skin wheal and angle into vein.</li> <li>9. Complete procedure with extension set, tape, Tegaderm and documentation</li> </ol> |