Children's Mercy
KANSAS CITY
125 Years and Growing

Immediate IV Access, IV Escalation Plan

Goal

- Establish 2 large bore IVs and begin fluid resuscitation within the first 15 minutes

IV Escalation Plan

Minutes	Access Procedure
0-5	• First peripheral IV with largest gauge possible; Consider IO immediately in severely ill patients
5-10	• 2nd peripheral IV attempt • Consider US guided peripheral IV • Consider EJ • Notify vascular access specialist (IV team)
10-15	• If still no access (or insufficient access) • IO • EJ • Central line (IJ preferred for ScvO2 and CVP monitoring) • Consider IR or general surgical fellow as additional resource

IV access considerations:

- May use existing Broviac, port, PICC line
- Give vasoactive infusions through central access, when available, do not delay administration of vasoactive infusions if there is no central access.
- It is preferable to give antibiotics through a pre-existing central line as long as it does not delay antibiotic administration or other therapies

Reconceptualized from original: **http://www.chop.edu/clinical-pathway/icu-clinical-pathway-infants-28-days-and-children-severe-sepsisseptic-shock-iv**

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

2401 Gillham Road, Kansas City, MO 64108