#_	PR-45
Page	1 of 1
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JUGULAR VEIN CANNULATION - EXTERNAL

INDICATIONS:

- To establish IV access in critical adult and pediatric patients when unable to establish peripheral IV
 - Do not use jugular vein site when patient is a Cardiovascular Receiving Center (CVRC) or Stroke-Neurology Receiving Center (SNRC) candidate. Thrombolytic agents that may be given for these patients can result in uncontrolled bleeding at a jugular site.

EQUIPMENT:

- Antiseptic swab or solution to clean.
- Intravenous cannula.
- IV fluid and tubing.
- Medical tape.

PROCEDURE:

- Place patient in supine position.
- Elevate shoulders on rolled towel or sheet and suspend head and neck in hands of assistant.
- Turn patient's head 45° to 60° to one side.
- Cleanse venipuncture site with antiseptic swab.
- Check syringe and needle for patency.
- Compress the vein with forefinger just above the clavicle, midclavicular line.
- Stabilize skin over vein with thumb.
- Puncture skin midway between angle of the jaw and midclavicular line, at a shallow angle. Align the needle and syringe in the direction of the vein, with the point aimed at the ipsilateral shoulder. Advance cannula and remove needle.
- Maintain compression on the vein continuously with forefinger until cannula is completely inserted, needle has been removed, and IV tubing is connected. This keeps a closed system and prevents the possibility of air entering the vein.
- Reposition finger to no longer compress the vein and adjust IV flow to desired rate.
- Secure IV site.

NOTES:

- Maximum two attempts permitted using one side only.
- Monitor for air embolism, catheter embolism, hematomas, or infiltration.
- Remove IV cannula immediately if a hematoma or infiltration occur and apply direct pressure until bleeding stops (approximately 5 minutes).

Approved:

Treatment Guidelines: Procedures: PR-45 Implementation Date: 3/28/11