

1. Ask the patient “Where do they usually get you?”

Seriously...ask exactly this question. Patients very often know where other blood draws or IV starts have been successful in the past. This is especially true if the patient looks to be a hard stick. They will tell you things like “Nobody ever gets blood out of my left arm.” Obviously, you should always use your own assessment skills while patients are talking to you about their individual characteristics. The thinking here is that most often you will believe what your patients tell you about the best spot to work but not always. There will certainly be occasions when patients tell you that a certain location or specific vein won't work. They might tell you they always need that “special machine” (Ultrasound placed IV) but you must ALWAYS do your own assessment. Anecdotally about 10% of the time, you will find the patient is not always right about the best spot to stick.

2. Use a double tourniquet for hard-to-stick obese patients

The caveat here is not to be afraid of IV starts for obese patients. Very often, you won't have any trouble at all finding a good vein. However, sometimes you can't feel ANYTHING. Place an additional tourniquet above your regular one and you will be surprised to find that a vein shows up that wasn't there previously. Of course, you will always be aware of common-sense use of tourniquets.

3. When advancement of the plastic angiocath is difficult... give it some time and distraction.

There are different reasons a vein might suddenly decide to “tighten” up so you can't advance the plastic cannula off the needle. You know you are in the vein. You have great flashback, but the clear plastic part seems to have “hit a wall” and just won't go any further. Don't just give up and pull the IV. There are a few different reasons why this frustrating issue seems to happen, but this tip will only address “vein spasms”. The patient is very anxious and can become so tense that the veins seems to “clamp down”. If you remove the tourniquet and distract the patient with conversation and attempt to re-advance off the needle you will often find success.

4. Gentle pressure near the IV insertion site can reactivate an IV that suddenly won't flush

Sometimes the reason that IV stops working doesn't have so much to do with the vein itself but the surrounding tissue. You may especially find this to be true for patients who have "Popeye" type forearms. They may have these arms because of strong muscular development or because of excess subcutaneous tissue. Untape the previously working IV and pull back S-L-O-W while pressing near the site gently. You will have a saline flush attached with gentle pressure as you are pulling back and pressing near the site. Once you feel the fluid going in again... clamp the extension set with positive pressure (this means to engage the extension set clamp while simultaneously gently flushing) and re-tape. It is possible to have a bit more of the plastic cannula showing and it will still work.

5. Solve difficult plastic angiocath advancement by "reverse" floating.

Since these are tips you probably don't know, we will assume that you are familiar with "floating" a difficult to advance plastic cannula into the vein using a saline flush. However, you can do the same thing in reverse and obtain lab specimens by attaching a vacutainer to the extension set. First, attach a lab collection tube and then pull back S-L-O-W-L-Y on the plastic cannula with your other hand until you get some good active blood return into the lab tubes. Your tourniquet is still on. Then as the blood flows... you can gently scoot that plastic cannula into position.

Be sure to watch your email for more tips and news about our upcoming IV starts training program!