Clinical Guideline

Difficult Intravenous Access and Blood Draw

Pediatric Inpatient

This guideline should not replace clinical judgement

Does patient need emergent vascular access and/or blood draw? (Always consider PO/NG, IM route or clysis for drug/fluids and arterial or groin stick for labs)

No

30 min

Bedside RN up to one attempt

THEN

Notify resident AND RRT RN* up to two attempts

THEN

Notify primary attending AND consider PICU attending or anesthesia attending consult for possible CVL

(should be attending to attending call - For anesthesia, request through telepage “anesthesia peds coordinator ASCOM” from 7a-3p or “anesthesia coordinator ASCOM” after hours)

No

90 min

Unit-based expert up to one attempt

THEN

Notify resident AND RRT RN* up to two attempts

THEN

Notify primary attending AND consider PICU attending or anesthesia attending consult for possible CVL

(should be attending to attending call - For anesthesia, request through telepage “anesthesia peds coordinator ASCOM” from 7a-3p or “anesthesia coordinator ASCOM” after hours)

150 min

May consider up to 2 attempts by unit-based expert vs calling RRT RN* for initial attempts

THEN

Notify resident AND RRT RN* up to 2 attempts

THEN

Notify primary attending AND consider PICU attending or anesthesia attending consult for possible CVL

(should be attending to attending call - For anesthesia, request through telepage “anesthesia peds coordinator ASCOM” from 7a-3p or “anesthesia coordinator ASCOM” after hours)

30 min

60 min

120 min

180 min

Yes

Known or expected difficult stick? (DIVA scoring ≥3 from tool below)

No

Call RRT or code blue, per clinical situation. Bedside team may attempt access. Consider IO/EJ, scalp.

*To reach RRT RN, page “Peds IV RN.”

If unavailable, contact ACP Resource RN.

If ACP Resource RN unavailable, contact PICU Resource RN.

Click on CHoR CTA Guideline for IV catheter size requirements for imaging.

Difficult IV Access (DIVA) Scoring Tool

<table>
<thead>
<tr>
<th>Predictor</th>
<th>0 points</th>
<th>1 point</th>
<th>2 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible vein</td>
<td>Visible</td>
<td>–</td>
<td>Not visible</td>
</tr>
<tr>
<td>Palpable vein</td>
<td>Palpable</td>
<td>–</td>
<td>Not palpable</td>
</tr>
<tr>
<td>Age</td>
<td>≥ 36 months</td>
<td>12-35 months</td>
<td>&lt; 12 months</td>
</tr>
</tbody>
</table>


Engage Child Life and consider distraction/pain control devices.

Continuously re-evaluate clinical status.

For questions concerning this guideline, contact:
chorclinicalguidelines@vcuhealth.org

Last updated: October 2018
Next expected update: October 2021
Difficult Intravenous Access Guideline

Executive Summary

Children’s Hospital of Richmond at VCU Difficult Intravenous Access Workgroup

**Pediatric Emergency Medicine:** Jonathan Silverman, MD
**Acute Care Pediatrics:** Monika Mehlbrech, RN, MS

Approved (October 2018)

**Chief of Pediatric Hospital Medicine:**
David Marcello III, MD

**CHoR Pediatric Practice Council**
Jill McGehee, MS, RN, CCRN-K

**VCUHS Chief Nursing Officer:**
Deborah Zimmerman, DNP, RN, NEA-BC

**CHoR Clinical Guidelines Committee:**
Jonathan Silverman, MD

**CHoR Quality Council, Executive Sponsor:**
Jeniece Roane, MS, RN, NE-BC
José Muñoz, MD

**References**


**Citation**

*Title:* Difficult Intravenous Access Guideline

*Authors:*
Jonathan Silverman, MD
Monika Mehlbrech, RN, MS

*Date: October 2018*

*Retrieval website:* [http://www.chrichmond.org/clinicalguideline-DIVA](http://www.chrichmond.org/clinicalguideline-DIVA)

*Example:*
Children’s Hospital of Richmond at VCU, Silverman J, Mehlbrech M. Difficult Intravenous Access Guideline.

*Available from:* [http://www.chrichmond.org/clinicalguideline-DIVA](http://www.chrichmond.org/clinicalguideline-DIVA)