Clinical Guideline

Difficult Intravenous Access and Blood Draw
Pediatric Inpatient

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)

Yes

Engage Child Life and consider distraction/pain control devices.

No

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

- 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 "anesthesia coordinator ASCOM" through telepage)

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

Yes

Bedside RN up to one attempt

THEN

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 "anesthesia coordinator ASCOM" from 7a-3p or "anesthesia coordinator ASCOM" after hours)

No

No

30 min

60 min

120 min

180 min

Continuous re-evaluate clinical status.

*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>
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