



NEWBORN EMERGENCY TRANSPORT SERVICE MEDICAL GUIDELINES

CLINICAL GUIDELINES

Venous and arterial access
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Newborn Emergency Transport Service Medical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
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Venous and arterial access

Venous access is desirable for all transported babies, and essential for ventilated babies.

- Peripheral IV's will suffice for more stable babies
- UVC:
 - The umbilical vein can usually be easily cannulated during the 1st week of life, and is preferred in:
 - shocked infants, in whom peripheral IV insertion is difficult
 - Any unstable baby
 - Neonates requiring high glucose concentration of fluids (>12.5%)
 - Neonates requiring multiple infusions, especially inotropes, calcium, bicarbonate
 - Double lumen UVC's are preferred
- Intra-osseous access:
 - Rarely necessary, as umbilical venous access usually obtainable. Use in emergency situations.
 - Can administer fluids & medications at same dose as given through IV

Arterial access (UAC or peripheral arterial line) is usually indicated only in more unstable babies where blood pressure monitoring &/or frequent blood-gas sampling is desirable. eg:

- Shocked infants
- Extremely preterm infant (<28 weeks)
- HIE where therapeutic cooling is employed

NB: do not waste time (especially on country retrievals) inserting an arterial line when not essential.