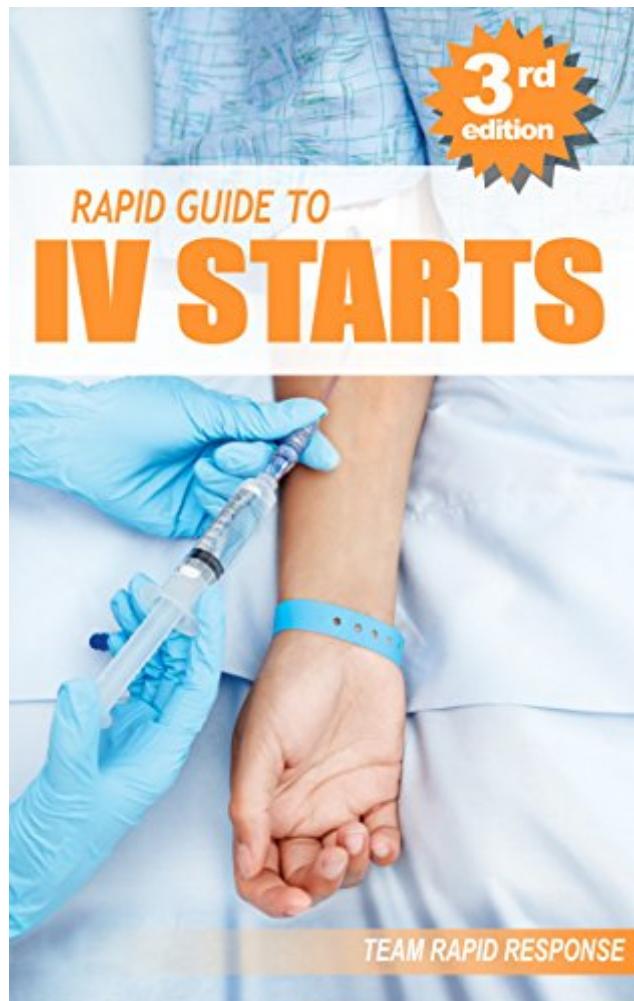


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# IV Starts For The RN And EMT: RAPID And EASY Guide To Mastering Intravenous Catheterization, Cannulation And Venipuncture Sticks For Nurses And Paramedics ... The Fundamentals To Advanced Care Skills





## Synopsis

From the Basics to Advanced Techniques 3rd Edition for 2016 is New and Greatly Expanded with 99 pages of text, graphics and illustrations to help you start IVs! Intravenous cannulation is one of the most difficult skills most RNs, LVNs and EMTs will learn. If you are scared out of your mind about starting IVs, you are not alone. It is an invasive and often painful procedure that requires both skill and practice to master. Maybe you are worried about hurting your patient. Or perhaps you are afraid of appearing incompetent in front of the patient if you are unsuccessful. All too often it seems easier to just ask someone else. Like any skill, some will be better than others. Some will learn faster, others it will take more time. Our goal is to provide you a RAPID and EASY way to master the IV stick! Not everyone will become an expert, and that's OK. But at a minimum, we want to impart every professional with the skill and confidence to start a routine, uncomplicated IV in their patient. Whether you are a new-grad who needs the essentials or a seasoned professional looking to learn some advanced techniques, everyone can always learn something new. In depth review of the following:

**Basics to Advanced Techniques**  
Over 99 pages of text, graphics and pictures

**Gauges** "choosing the correct gauge

**Basic anatomy and physiology of veins**

**Strategies to distend veins and make them Pop Out!**

**How to choose veins which to avoid**

A colorful, illustrated step-by-step guide to starting a standard IV

4 methods to threading the catheter

3 approaches to inserting the needle

Guide to the "floating technique"

• Visual guide to what you are doing wrong when a vein blows

Finding and avoiding valves

The Y-Bifurcation

Inserting IVs in the elderly

Vesicant medications

Assortment of tips and tricks

By the end you will have not just the skills to start an IV, but the confidence to go out there and give each patient your two best shots.

**Example Chapter**

**Text**  
Threading the catheter  
At this point both the tip of the needle and the tip of the catheter are inside the vein. You will now need to thread the rest of the catheter into the vein. The catheter is fully inside the vein when only the hub sticks out. There are several different methods to advancing the catheter:

**The Two Handed Technique**  
You have already visualized flash, lowered your angle, advanced 1-2mm and released the tourniquet. Continue holding the needle in place. With your non-dominant hand, grasp the hub of the catheter and slide it forward into the vein. Slowly withdraw the needle. Place your thumb on the hub of the catheter to hold it in place. Use your index finger to press down above the site to prevent blood from spilling out.

**The Single Handed Technique**  
You have already visualized flash, lowered your angle, advanced 1-2mm and released the tourniquet. Continue holding the needle in place. Use the index finger of the hand that is holding the needle to slide the catheter past the needle. Continue sliding the catheter until it is fully inside the vein. With the above two techniques, be careful that you are only advancing the catheter into the

vein and not the needle. If the catheter is inside the vein it should be relatively easy and painless to advance it. Unlike the needle, the catheter is soft and flexible so it will be difficult to slide it in unless you are inside the vein. If the flashback was very small, you may feel resistance...

## **Book Information**

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## **Customer Reviews**

It is true. Nursing schools or more accurately, colleges of nursing, are shying away from teaching not only IV start technique and urinary catheter insertion but also I'm amazed at how many recent nursing students and new grads are completely clueless to take a blood pressure the old usual way. Without their battery powered cuff and digital display, they are lost. Further, half couldn't tell you if the results are way off base or not. I suppose one could get along without these skills unless you happen to work the night shift in a large hospital or in a small facility that rarely uses things like IV's (such as a hospice). Night shift doesn't always have all the help available to day shift. Patients admitted at night generally come up to the hospital floor via the ER from where they usually have had a urinary catheter already in place with a huge gauge IV start from the paramedics who brought the patient in (sensible from their viewpoint as they have no idea

what potions the ER will be infusing). Of course, once the patient is admitted to your floor at 4:AM, you will need to restart a new IV as the one placed by the paramedics or ER are very uncomfortable. But whether you work in a large hospital or small facility, you will find the more than occasional patient who decides to either rip out his/her IV or urinary catheter, meaning that you, yes, you, must restart whichever. Therefore, simply written information (which you won't find in "Nursing Procedures") is a godsend for nurses inexperienced with IV starts. It can even help you save face. In one state where I practiced, LPNs cannot start the first bag of an antibiotic or chemotherapy. The RN, whether a student RN or new grad (or experienced old biddy) is in charge of the LPN.

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