

Acceptable Intravenous Access Routes and Lines

- Administration of IV contrast using a power injector should be through a 22 gauge or larger IV access.
- Acceptable needles, lines, and routes for power injection:
 - 18 gauge External Jugular (EJ) angiocath may be used with a maximum injection rate of 2 ml per second and 150 psi.
 - 22 gauge (confirm IV was placed at UAB because they are power injectable)
 - CT Power Injectable PICC
 - Aspirate and discard 10 ml of blood from the line.
 - Power Port
 - Verification of access tag that includes the RN initials and date
 - Verification of the power Huber needle
 - Verify the power port via x-ray (shape or CT on the port), patient's card, or review medical records where the device is defined as a power port or power injectable port.
 - **Inpatient:** If there is no prior imaging, have the ordering physician place an order for a Chest x-ray.
 - **Outpatient:** If there is no prior imaging, a technologist can place an order for a Chest x-ray using "Universal Provider".
 - **Emergency:** In the event of an emergency, a chest scout can be performed on the table using current orders.
 - Aspirate and discard 10 ml of blood from the line.
 - *If there is no blood return, the port should not be used for IV administration.*
 - Trauma Cath
 - Trialysis Catheter (not being used for dialysis)
 - Pressure injectable central venous catheter
- Lower Extremity IV access is an acceptable route for the administration of IV contrast and doesn't need approval from a Radiologist.
- Consult a Radiologist if there is no other IV access. Patients should not be turned away without consulting the Radiologist or Radiology Resident.
- Administration of IV contrast by **Hand Injection Only** for the following catheters:
 - Non-power injectable Hickman
 - Non-power injectable Central Venous Catheter
 - Non-power 22g
 - Internal Jugular (IJ) angiocath

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- **Special Note:** *Vas-Cath® and Permcath® catheters being used for dialysis may be used to administer IV contrast only with the approval of the Radiologist who will interpret the exam and the Nephrologist requesting the CT exam. The Vas-cath® or Permcath® line should be aspirated, to remove the heparin, before injecting saline or contrast.*

- **Unacceptable** lines for IV contrast injection:
 - Swan-Ganz
 - Groshon
 - PICC line, if not one of the injectable types noted above

- BMT RN must ok a CT Technologist starting an IV on a BMT patient.

- All BMT patients, which need a CT Angio and only have a Permcath (or non-power injectable line), please contact the ordering Attending. Let the Attending know that the patient needs a peripheral IV or a power injectable line per Dr. Gunn.

- If a BMT patient has only a Permcath it can't be used to power inject IV contrast; however it can be used to HAND inject IV contrast; per Dr. Gunn.

- The RN responsible for the patient will speak with the point person and place a note in the chart stating "the Permcath is not being used for dialysis and the heparin has been removed from the line. Signed RN".