GLENDALE COMMUNITY COLLEGE
EMT Department
IV Monitoring Curriculum for BLS Providers

REV. 5/08

1. Purpose of IVs in Prehospital Setting
   - A.
   - B.
2. IV Monitoring Scope
   - A. EMTs can monitor IVs only during _____ _____.
   - B. The patient must be _____.
   - C. The IV can not have any added _____.
3. Types of IV Fluid
   - A.
   - B.
   - C.
   - D.
4. IV Catheters
   - A. Standard medical size _____
   - B. Trauma patients _____
   - C. Elderly, Peds _____
5. IV Tubing
   - A. There are three different sizes of IV tubing:
     1. _____, also known as Macro tubing.
     2. _____, not often used in prehospital.
     3. _____, also known as Micro tubing.
   - B. Drop factors for IV tubing
     1. Drops is abbreviated:_____.
     2. A tubing's gtts factor reflects the number of gtts per _____.
     3. The gtts factor for blood tubing is:_____ gtts per ml (cc).
     4. The gtts factor for adult tubing is:_____ or _____ gtts per ml (cc).
     5. The gtts factor for pediatric tubing is:_____ gtts per ml (cc).
6. IV Flow Rate Calculations
   - A. Three pieces of information are needed to calculate IV flow rates:
     (1)_____ X (2)_____ divided by (3)_____.
   - B. The result = the number of gtts per _____.
   - *C. Example:* *you are ordered to monitor an IV of D_5W at 125 cc/hr with pediatric tubing.*

     125 X 60 div. by 60 = 125 gtts / minute
7. Trouble Shooting Ivs
   - A. Assessing for infiltration
     1.
     2.
     3.
   - B. Flushing the IV site
     1. Flush the IV as a last resort, using a _____ syringe.
   - C. If IV is infiltrated, then it should be _____ _____ during transport.
8. Additional IV Monitoring Content
   - A. Permanent indwelling catheters
   - B. Analgesic Pumps
     1. Narcotic overdose

KEY

1. Purpose of IVs in Prehospital Setting
   - A. ROUTE FOR MEDS
   - B. ROUTE FOR FLUIDS
2. IV Monitoring Scope
   - A. EMTs can monitor IVs only during INTERFACILTY TRANSPORT.
   - B. The patient must be STABLE.
   - C. The IV can not have any added VITAMINS, MINERALS, DRUGS.
3. Types of IV Fluid
   - A. 0.9% SODIUM CHLORIDE (NORMAL SALINE)
   - B. LACTATED RINGERS
   - C. D5W
   - D. ANY COMBINATION OF ABOVE
4. IV Catheters
   - A. Standard medical size 18G
   - B. Trauma patients 14-16G
   - C. Elderly, Peds 20-22G
5. IV Tubing
   - A. There are three different sizes of IV tubing:
     1. BLOOD, also known as Macro tubing.
     2. ADULT, not often used in prehospital.
     3. PEDIATRIC, also known as Micro tubing.
   - B. Drop factors for IV tubing
     1. Drops is abbreviated: GTTS.
     2. A tubing's gtts factor reflects the number of gtts per ML.
     3. The gtts factor for blood tubing is: 10 gtts per ml (cc).
     4. The gtts factor for adult tubing is: 10, 15 or 20 gtts per ml (cc).
     5. The gtts factor for pediatric tubing is: 60 gtts per ml (cc).
6. IV Flow Rate Calculations
   - A. Three pieces of information are needed to calculate IV flow rates: (1)ORDERED RATE X (2)GTTS FACTOR divided by (3)MINUTES.
   - B. The result = the number of gtts per _____.
   - *C. Example: you are ordered to monitor an IV of D_5W at 125 cc/hr with pediatric tubing.*

   125 X 60 div. by 60 = 125 gtts / minute

   - *D. Example: you are ordered to monitor an IV of D_5W at 125 cc/hr with pediatric tubing.*

     125 X 60 div. by 60 = 125 gtts / minute

7. Trouble Shooting Ivs
   - C. Assessing for infiltration
     1. PAIN
     2. REDNESS
     3. SWELLING
   - D. Flushing the IV site
     2. Flush the IV as a last resort, using a 3ML syringe.
   - C. If IV is infiltrated, then it should be DISCONTINUED during transport.