

CLINICAL PATHWAY: Venous Access – Inpatient Care

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

Inclusion Criteria: Provider determines patient requires peripheral venous access for PIV placement or venipuncture;
≥ 37 weeks GA; patient clinically stable

Patient location: Inpatient, Ambulatory clinics, Perioperative, PICU, Sedation, Radiology (CT/MRI)

Exclusion Criteria: Unstable patient; < 37 weeks GA; documented allergy to topical anesthetic agents;
emergent procedures; patient sedated; parental refusal

Patient location: NICU, ED (refer to [ED Venous Access Pathway](#))

*If patient becomes unstable at any point, notify provider and treat off pathway.

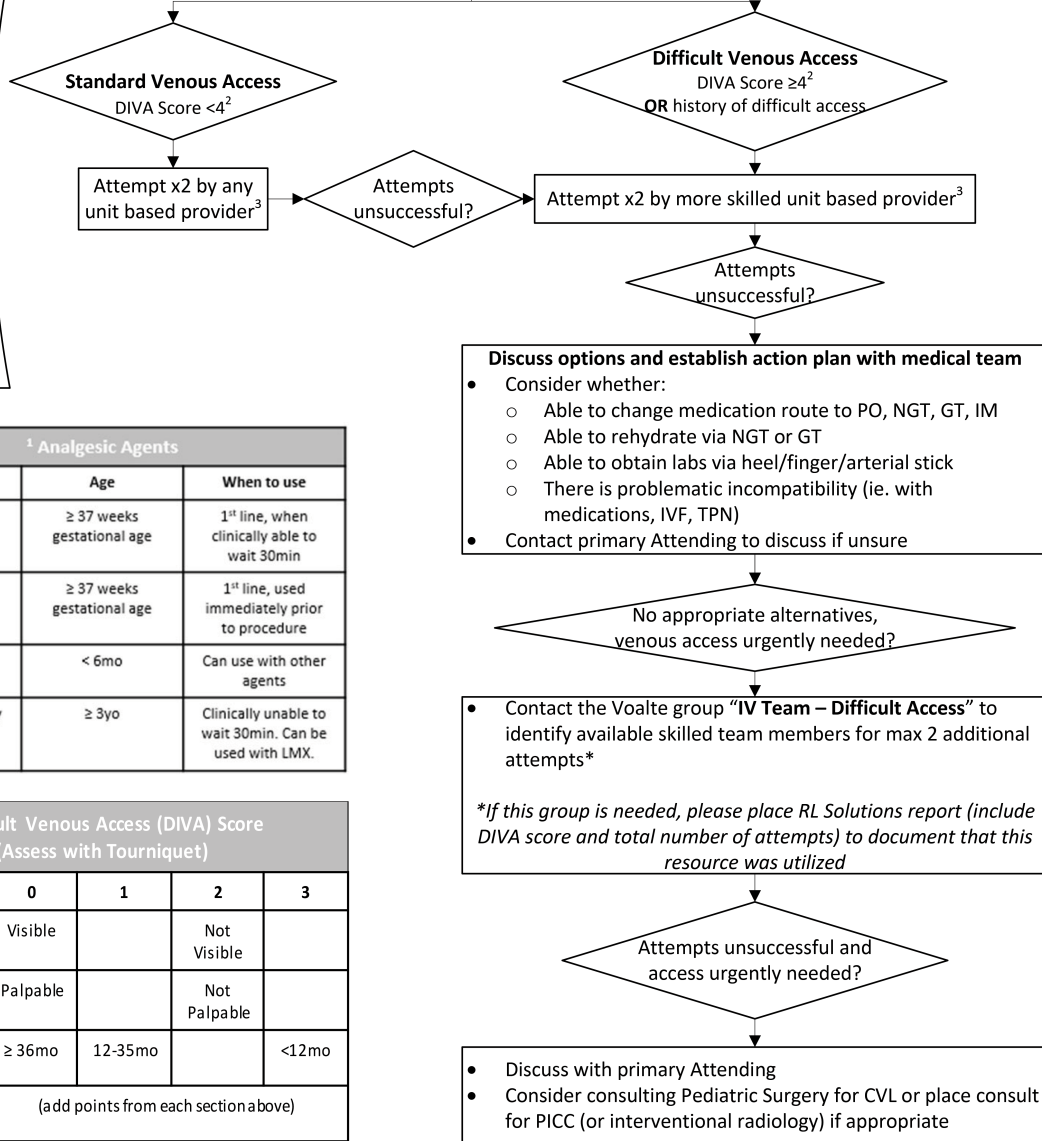
Say "PLEASE" for Procedure Planning:

- **Place:** treatment room, limit # of people present
- **Local Anesthetics:** J-tip lidocaine or LMX preferred; may use nurse standing order (see Topical Anesthetics for Venous Access Catheter Placement or Phlebotomy Policy on intranet)
- **Education:** See [Appendix A – Child Life Behavioral Recommendations](#), [Appendix B – Scripting](#)
- **Analgesics or Sedatives**
- **Support:** Coping Skills via Breathing techniques, Comfort positioning, Diversion/Distraction (BCD); See [Appendix A – Child Life Behavioral Recommendations](#), [Appendix B – Scripting](#)
- **Equipment:** U/S or transilluminator, if available

Nurse to document procedure planning components in EPIC (should also include DIVA Score² and total number of attempts)

³Provider includes: Nurse, Resident, Advanced Practitioner, Fellow, Attending.

For Venipuncture only, provider also includes: Validated MA, PCA, and Techs



¹ Analgesic Agents		
Agent	Age	When to use
LMX	≥ 37 weeks gestational age	1 st line, when clinically able to wait 30min
J-Tip (lidocaine)	≥ 37 weeks gestational age	1 st line, used immediately prior to procedure
Sucrose	< 6mo	Can use with other agents
Vapocoolant Spray (Pain Ease)	≥ 3yo	Clinically unable to wait 30min. Can be used with LMX.

² Difficult Venous Access (DIVA) Score (Assess with Tourniquet)				
Points	0	1	2	3
Visible Vein	Visible		Not Visible	
Palpable Vein	Palpable		Not Palpable	
Age	≥ 36mo	12-35mo		<12mo
Total Score	(add points from each section above)			

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CLINICAL PATHWAY: Venous Access – Inpatient Care Appendix A: Behavioral Recommendations

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Child Life/Developmental Considerations by Age Group:

Connecticut Children's is committed to being a place where pain is minimized as much as possible. Although we may not be able to take away all of the pain, we should make every effort to reduce it by addressing the three key areas: **positioning, distraction and pain management**. For more information on incorporating these methods into your practice please contact Child Life.

Infant (0-12 months)	Toddler (12months-3 years)	Pre-School (3-6 years)
<ul style="list-style-type: none"> Parental involvement and support Comfort Positioning (swaddle) Creating a calm soothing environment (music, dim lighting if possible) If parents unavailable, consider child life as calming/supportive presence Utilize LMX or J-tip lidocaine AND sucrose Best Techniques: Skin-to-skin contact, pacifier, singing, talking, rattles & toys, stroking the baby's head, patting & positive touch 	<ul style="list-style-type: none"> Parental involvement and support Comfort Positioning (sitting on a parent's lap, chest to chest, chest to back hug/hold) Limit unnecessary caregivers/providers Topical pain management Provide distraction (Page child life) Best techniques: bubbles & pinwheel, singing, counting, reading, visual block <u>Distraction items:</u> interactive apps iPad/phone, music, videos, flap books, wands, toys/books that light up Language-use familiar words and phrases Treatment Room Use 	<ul style="list-style-type: none"> Parental involvement and support Comfort Positioning (sitting on a parent's lap, chest to chest, chest to back hug/hold) Limit unnecessary caregivers/providers Offer choices Topical pain management and buzzy Page child life: basic preparation, distraction/coping techniques Best techniques: bubbles & pinwheel, singing, counting, reading, visual block <u>Distraction items:</u> interactive apps iPad/phone, music, videos, flap books, wands, toys/books that light up Language/careful word choice- magical thinkers Treatment Room Use Debrief
School-Age (7-12 years)	Teen/Young Adults (13 years and older)	Other Considerations:
<ul style="list-style-type: none"> Parental involvement and support Comfort positioning Education/preparation Provide choices to child (would they like to watch, look away, can they "help") Topical pain management and buzzy Page child life: preparation, distraction/coping Best techniques: Breathing/blowing, counting, talking about something else, joking <u>Distraction items:</u> iPad/phone, music, videos, I-Spy book, relaxation/guided imagery Language/careful word choice- abstract thinkers Treatment Room Use Debrief 	<ul style="list-style-type: none"> Provide choices/participation Education/Preparation Page child life for anxious patients: preparation, distraction/coping Topical pain management and buzzy Best techniques: Breathing/blowing, talking about something else, <u>Distraction items:</u> iPad/phone, music (with or without headphones), videos, relaxation/guided imagery Debrief/Process 	<ul style="list-style-type: none"> Consider developmental age vs. chronological age Avoid use of "almost done" Avoid use of "it's only" or "it's just" Never says ALL DONE until you are actually all done/no need for any final steps One speaker at a time is best. Multiple people speaking all at once is overwhelming, no matter how reassuring the message is. Timing



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Topical Talk 101:

Are you tongue tied talking to patients and families about topical anesthetics? Here is some scripting to guide you.

FOR PATIENTS

(based on developmental level/age/previous experience/knowledge of patient)

LMX:

- “The nurse will put a special cream on your (arm/hand) that makes your skin numb.”
- “Do you know what "numb" means?” “So you won’t feel it so much” (use teachback).
- Most kids tell me that it helps so the (poke/needle/pinch) won't hurt (AS/SO) much.
(IMPORTANT: do not promise no pain or no feeling of needle insertion)
- “Most kids say they still feel touching/pushing/pressure but the cream is a helper that makes it easier.”

- “First, the nurse may need to find the right spot for your cream.”
- “They may use the tight orange band/rubber band/squeeze band on your arm, feel with only their fingers, put on some cream, cover with a clear bandage/tape/sticker.”
- “The cream will stay on for 30 minutes/as long as one ” (30 minute TV show, or other "time" example they can understand).

PAIN EASE:

- “We can use a cold/freezie spray (ELSA/OLAF for preschool/young school age) to help make your skin numb (so you won’t feel it so much).”
- “Most kids tell me that it helps so the (poke/needle/pinch) won't hurt (AS/SO) much.”
(IMPORTANT: do not promise no pain, no feeling of needle insertion)
- “Most kids say the cold is REALLY cold (like holding an ice cube/snow for a long time), some kids say the cold is uncomfortable, but is easier than feeling pinch/poke/needle.”
- “The nurse will clean your skin first, spray it for 10 seconds (we can count together) or until your skin turns white and then do the IV (tube)/blood test right away.”

J TIP:

- “This is a special tool that sprays numbing medicine on your skin so that the poke won’t hurt as much.”
- “This tool will make a noise like a soda can opening.”
- “You will feel a quick big puff of air and it might feel wet. It will start to work in 1-2 minutes)

FOR PARENTS

LMX:

- “Cream that helps to numb the skin/area for IV, may not take all pain away, but is helpful.”
- “Patient will still feel pressure/touching.”
- “Cream must stay on for 30 minutes to be most effective.”
- “We can provide preparation for support for all of the steps.”



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PAIN EASE:

- “Cold spray that can be used to numb the skin/area for IV.”
- “The spray itself is uncomfortably cold, but most children prefer this to feeling of needle insertion. (needs to be sprayed for up to 10 seconds- or until skin turns white-to work).”
- “We can provide preparation for support for all of the steps.”

J TIP:

- “A J TIP is a device that has pressurized lidocaine in it so it can spray into/under the skin to numb the area where the needle will go in.”
- “It makes a loud noise which can be startling but we can prepare your child for it and make it into something fun (like a rocket ship blastoff).”
- “Your child may feel a quick burst of air but they should not have pain from it.”
- “It is normal to see a small bullseye and possible spot of blood from where it was sprayed.”



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