

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

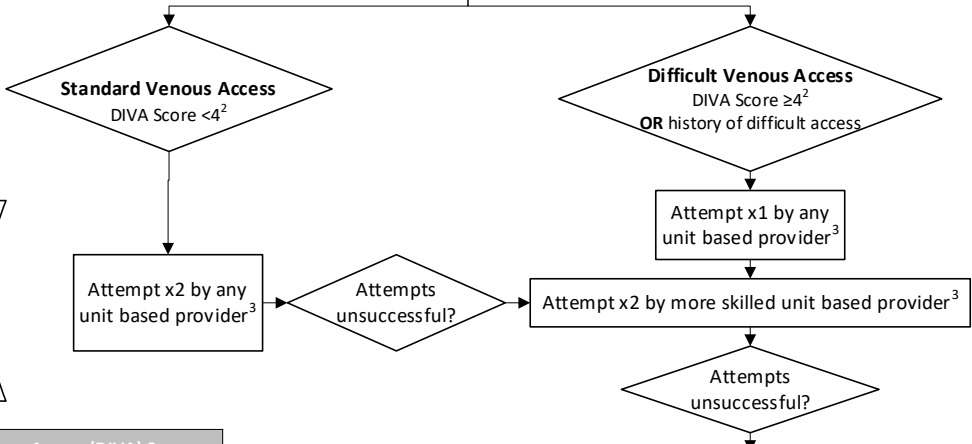
Exclusion Criteria: Unstable patient; < 37 weeks GA; documented allergy to topical anesthetic agents; emergent procedures; patient sedated; parental refusal
Patient location: Inpatient, Ambulatory clinics, Perioperative, PICU, Sedation, Radiology (CT/MRI)
 (please refer to [Venous Access Pathway](#))

*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 Analgesia¹: LMX preferred
- Education: See [Appendix A – Child Life](#), [Appendix B – Scripting](#)
- Analgesics or Sedatives
- Support: Coping Skills via Breathing techniques, Comfort positioning, Diversion/Distraction (BCD); See [Appendix A – Child Life](#), [Appendix B – Scripting](#)
- Equipment: **Ultrasound 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.

² Difficult Venous Access (DIVA) Score (Assess with Tourniquet)

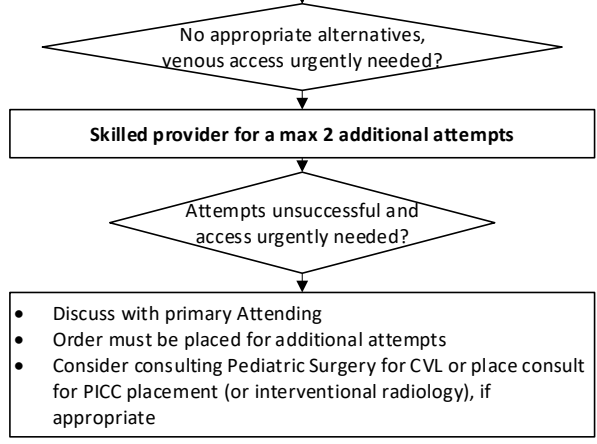
Points	0	1	2	3
Visible Vein	Visible		Not Visible	
Palpable Vein	Palpable		Not Palpable	
Age	≥ 36mo	12-35mo		<12mo
Total Score	(add points from each section above)			

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.

Discuss options and establish action plan with medical team

- Consider whether:
 - Able to change medication route to PO, NGT, GT, IM
 - Able to rehydrate via NGT or GT
 - Able to obtain labs via heel/finger/arterial stick
 - There is problematic incompatibility (ie. with medications, IVF, TPN)
- Contact primary Attending to discuss if unsure



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CLINICAL PATHWAY: Venous Access – Emergency Room Care Appendix A: Behavioral Recommendations

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
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Child Life/Developmental Considerations by Age Group:

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 ■ Consider Sucrose/topical pain management ■ 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/or 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/or 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/or 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 ■ 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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CLINICAL PATHWAY: Venous Access – Inpatient Care

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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 Analgesia¹:** LMX preferred
- **Education:** See [Appendix A – Child Life](#), [Appendix B – Scripting](#)
- **Analgesics or Sedatives**
- **Support:** Coping Skills via Breathing techniques, Comfort positioning, Diversion/Distraction (BCD); See [Appendix A – Child Life](#), [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

Standard Venous Access

DIVA Score <4²

Attempt x2 by any unit based provider³

Attempts unsuccessful?

Difficult Venous Access

DIVA Score ≥4²
OR history of difficult access

Attempt x2 by more skilled unit based provider³

Attempts unsuccessful?

Discuss options and establish action plan with medical team

- Consider whether:
 - Able to change medication route to PO, NGT, GT, IM
 - Able to rehydrate via NGT or GT
 - Able to obtain labs via heel/finger/arterial stick
 - There is problematic incompatibility (ie. with medications, IVF, TPN)
- Contact primary Attending to discuss if unsure

No appropriate alternatives, venous access urgently needed?

- Contact the Voalte group "IV Team – Difficult Access" to identify available skilled team members for max 2 additional attempts*

**If this group is needed, please place RL Solutions report (include DIVA score and total number of attempts) to document that this resource was utilized*

Attempts unsuccessful and access urgently needed?

- Discuss with primary Attending
- Consider consulting Pediatric Surgery for CVL or place consult for PICC (or interventional radiology) if appropriate

² Difficult Venous Access (DIVA) Score (Assess with Tourniquet)

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