

Speech outline: how to start an iv

Literature



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How to Start an IV Introduction Attention Getter: How many people here have ever had to get an IV in the hospital? Was it a positive or negative experience for you? If you are one of the people that said yes then you know it can be a frightening and sometimes painful experience. What I am about to explain to you comes from my 8 years of experience as an emergency room nurse starting thousands of IVs. Some of the things I tell you could help you understand the process better and ease your anxiety for any future emergency room visit you or your loved one may have. Specific purpose: To demonstrate and explain the process of starting an IV

Credibility: As a registered nurse for eight years I start IVs on a daily basis and I am a resource nurse for nurses whose patients are difficult to start IVs on from pediatric to geriatric patients. Thesis: Today I want to share my expertise on establishing intravenous access by explaining the process from preparation to discontinuing IV access. Body I. Preparation A. Basic preparation/Standard precautions 1. Explain procedure 2. Wash hands 3. Apply gloves 4. Position patient 5. Procedure assistant (if needed) B. Locate vein 1. Apply tourniquet 2. Assess vein a. Length b. Depth c. Circumference d. Fullness 3.

Choose IV size 4. Remove tourniquet C. Pediatric Topical anesthetic 1. Time warranted 2. Topical EMLA Cream 3. Subcutaneous lidocaine II. Insertion (Demo) A. Prepare equipment 1. Set up supplies B. Insert IV 1. Clean site (Chlorhexadine) 2. Distraction 3. Insert angiocath a. 30 degree angle 4. Blood “ flash” 5. Thread catheter 6. Remove needle a. Apply pressure 7. Attach T connector/extension tubing a. Secure device b. Apply tegaderm C. Assess patency 1. Blood collection a. Pull syringe (3 mL, 5 mL, 10 mL) b.

Connect tube holder 2. Saline flush a. Educate patient b. Flush 5-10 mL NS c. Assess flow and site III.

Monitoring A. Ongoing assessment 1. Visualize site 2. Intact dressing 3. Intermittent flush 4. KVO fluids B. Infection prevention 1. Hospital start 72 hours 2. Rescue start 24 hours 3. Signs of infection 4. Medication administration C. Discontinuing IV access 1. Explain procedure 2. Apply gloves 3. Remove tegaderm/tape 4. Remove angiocath 5. Assess angiocath 6. Apply gauze with pressure 7. Apply tape Conclusion Today I have demonstrated the process of starting an IV on a patient. As you have seen the procedure requires expert skill and precision along with confidence and experience to achieve optimal results.

Following proper technique can prevent placement error, injury, and infection. It is also important to remember that patient education before and during the procedure can help reduce anxiety, stress, and fear. Memorable Ending: The next time you find you or your loved one on the other end of a needle having an IV placed remember this demonstration. If you have questions or concerns about the procedure don't hesitate to talk to your nurse. Nurses usually welcome the opportunity to provide education because it demonstrates our skill and knowledge in addition to providing emotional support and compassion for our patients.