

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT –Paramedic**

SMO: Saline Lock

Overview: Intravenous administration allows for emergency vascular access for patients that are both stable with the potential of becoming unstable, and unstable. It enables a route for fluid and/or early pharmacological therapy that may prevent patient deterioration. Not every patient requires intravenous fluid. In cases where IV access is needed but fluid administration is not necessary, a Saline Lock may be appropriate.

INFORMATION NEEDED

- Scene safety
- Body Substance Isolation
- ABCD assessment
- Patient's chief complaint
- SAMPLE history

Indications

- If patient is stable but may require IV medications or fluids at a later time.
- A saline lock would be safer for patient and rescuers.

PROCEDURE

- Appropriate BSI precautions should be used at all times.
- Check flush fluid for package integrity, clarity and expiration date.
- Draw up 5 to 10 cc of saline into syringe (or use pre-filled syringe) and remove needle.
- Prepare the lock by connecting the syringe and filling the tubing and port with saline. Leave syringe attached to the saline lock.
- Tear tape or prepare commercial securing device.
- Insert IV catheter as you would for standard IV.
- Connect saline lock to the catheter.
- Release Tourniquet
- Aspirate slightly and observe blood return into the lock to confirm the line is patent. As long as blood is observed in the lock, slowly flush 3 to 5 ml of fluid while observing for infiltration.
- Replace protective cap after removing syringe.
- Secure the catheter and lock.

Documentation of adherence to protocol:

- Size of catheter used
- Location of saline lock

PRECAUTIONS AND COMMENT

- Reassess the site before and after any medication or fluid is pushed through the saline lock.
- Any signs of redness, swelling, hematoma or reports of pain or tenderness are indications that the site has infiltrated, rendering the lock useless.

11/07

Reviewed:

Revised:

EMS/ Region1 SMO