

Trauma Bay Vascular Access Workflow

Patient has inadequate IV access
(1 PIV/IO or none)

- Humeral IO is easy to place and has greater flow rate than tibial. This should be first consideration when unstable.
- For penetrating trauma in hemorrhagic shock, consider access both above and below level of injury.
- Cordis catheter cannot be used for power flushing IV contrast.

Is there concern for femoral V/iliac V/ IVC injury?

Is the patient hemodynamically stable?

Peripheral attempt x2 on each arm

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SUBCLAVIAN/ IJ
CORDIS

US guided attempt x2 on each arm

IO: humeral
(No tibial IO)

SUBCLAVIAN / IJ
cordis/ triple lumen
(No Femoral lines)

Peripheral attempt x2 on each arm

US guided attempt x2 on each arm

US guided femoral
cordis/ triple lumen

FEMORAL/
SUBCLAVIAN/ IJ
CORDIS

IO: humeral>tibial

***Avoid femoral and lower extremity lines

***Peripheral and US guided access attempts should continue while attempting IO or venous central access

Simultaneous

Simultaneous

NO

YES

NO

NO

YES

YES

