

## Department of Anesthesia



MedStar Georgetown  
University Hospital

<b>Title:</b>	<b>Policy Number:</b>
Infusion and Medication Setup	9103
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### **POLICY:**

An intravenous infusion shall be established before the start of an anesthetic, except in those cases where the attending anesthesiologist has made a determination that:

1. It would cause excessive discomfort or pain i.e. pediatric cases  
OR
2. No venous access is possible in an adult and the risk of waiting is greater than proceeding

All medications and infusions that are drawn up or prepared prior to the start of anesthetic should be labeled as to contents, concentration, date and initials of the individual who prepared the medication/syringe/infusion.

### **PROCEDURE:** (for adult patients only)

#### **IV fluid-**

- Ringer's Lactate 1000 ml bag  
If set up in advance by Anesthesia Assistants, RN, CRNA or MD, it must be labeled with date and initials

#### **IV administration set (latex free)**

- Mini-drip: Abbott Life Shield Primary i.v. Set # 11962 (60 drops/ml)  
or
- Regular: Abbott Life Shield Primary i.v. Set # 11961 (15 drops/ml)
- **IV Administration set (latex free)** Abbott Life shield Primary i.v. Plumset #11943 (15 drops/ml) for use with Abbott Plum A+1 Plum A+2, Plum A+3 pumps

#### **Blood Administration Set (latex free)**

- Abbott Life Shield y-type Blood Set with 210 micro filter, pump and injection sites (10 drops/ml)

#### **Extension (latex free)**

- 41 inch #B5909 containing 2 3-way connectors and a needle-free valve  
or
- 32 inch Abbott Life Shield Twin-site Extension Set #11959

#### **Cover**

- Tegaderm 1624W 6 cm x 7 cm Transparent dressing with label

*(Left upper extremity is preferred site)* for IV insertion, the following are some exceptions:

- Left arm surgery
- Left breast surgery
- AV fistulas/dialysis access
- Left sided ESWL procedure

**Antibiotic Ointment**

- None

**Maximum Number of Attempts**

- By Anesthesia Assistant: 2
- By SRNA: 2
- By Medical Student: 1

Medical students should not place IV catheters in anesthesia patients without MD supervision. SRNAs who are not proficient at IV insertion should not place IV catheters without supervision by a MD or CRNA.

The infusion pathway should have a label indicating the date and initials of the individual who set up the infusion in addition to the labeling from the manufacturer or pharmacy.

It is preferable to place an IV in the OR if placing the IV in the holding area would delay bringing the patient to the OR.

After the maximum number of failed attempts, the Anesthesia Care Team members or Anesthesiologist-in-Charge should be summoned to place the intravenous catheter.

When in doubt, contact anesthesia care team assigned to case or anesthesiologist in charge.

This is the “standard” procedure within the Department for adults undergoing anesthesia, but a practitioner may vary from it when in their judgment a different setup is needed, such as with pediatric cases, etc.

Pediatric intravenous setups will be determined by the attending anesthesiologist assigned to the case.

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Russell T. Wall, MD  
Chief of Service, Anesthesia