

## National Emergency Nurses Association



<b>NENA Position Statement</b>	Ultrasound Guidance for Peripheral Intravenous Cannulation
<b>Number of Pages</b>	2
<b>Approval Date:</b>	October 28, 2021
<b>Past Revision Dates:</b>	

### **Issue:**

Up to one quarter of emergency department patients have difficulty to cannulate veins (Stoltz, Stoltz, Howe, Farrell, & Adhikari, 2015) and experience multiple intravenous attempts, delaying diagnostics and therapies (Whitting, 2012). Practice guidelines from the Canadian Association of Emergency Physicians endorse routine use of ultrasound in emergency care (Lewis, et al., 2019). The American Emergency Nurses Association (ENA) endorses the use of ultrasound for intravenous access (Horigan et al., 2018) but there is currently no national guidance for Canadian emergency nurses.

### **NENA- Position:**

For emergency patients with known or suspected difficult intravenous access NENA endorses the routine use of ultrasound guidance for peripheral intravenous cannulation by appropriately trained nurses. NENA Alberta recommends that emergency departments with access to point of care ultrasound strive to have appropriate equipment for ultrasound guided intravenous cannulation as well as appropriately trained and competent staff.

### **Rationale:**

For difficult to cannulate patients, ultrasound guidance improves access (Shokoohi, et al., 2013; Miles, Salcedo, & Spear, 2012). Emergency nurses can successfully employ ultrasonography for intravenous cannulation (Miles, Salcedo, & Spear, 2012; O'Dochartaigh, Ma, Picard, Drew, & Douma, 2020) which can improve patient satisfaction; and decrease cannulation attempts, procedural time, and central line use (Stoltz, et al., 2015; Shokoohi, et al., 2013).

### **References:**

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