Inability to obtain IV access delays patients getting to the operating room. Early identification of patients with difficult access can prevent delays.

Project goal was to develop a way to identify patients with difficult access. This allows IV access to be attempted early in preop assessment and call IV Therapy if needed.

Patients identified in triage as a difficult IV access have a blue “Difficult IV” card placed on front of chart. This alerts nursing assistants to apply warm soaks on arrival in preop. Preop nurses or CRNA will evaluate access after soaks applied. Two unsuccessful attempts by preop nurses will initiate a call to IV Therapy for access.

Identification of patients with potential difficult IV access has led to earlier assessment and application of warm soaks for vasodilation. IV Therapy is called in a timely manner if preop staff cannot obtain access after two attempts. Standardizing the process has led to fewer delays due to lack of IV access.

Process has led to better access assessment by nursing staff, timely use of adjuncts to improve access, and appropriate utilization of resources. This improves efficiency in the preop area and increases patient and staff satisfaction.