CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)

Venous and Arterial Access

This document should be read in conjunction with the Disclaimer

Venous Access

Venous access is desirable for all transported babies, and essential for ventilated babies.

- Peripheral IV's will suffice for more stable babies.
- UVC - The umbilical vein can usually be easily cannulated during the 1st week of life, and is preferred in:
  - Shocked infants, in whom peripheral IV insertion is difficult.
  - Any unstable baby.
  - Neonates requiring high glucose concentration of fluids (>12.5%).
  - Neonates requiring multiple infusions, especially inotropes, calcium, bicarbonate.
  - Double lumen UVC's are preferred.
- Intra-osseous access:
  - Rarely necessary, as umbilical venous access usually obtainable. Use in emergency situations.
  - Can administer fluids and medications at same dose as given through IV.

Arterial Access

Arterial access (UAC or peripheral arterial line) is usually indicated only in more unstable babies where blood pressure monitoring &/or frequent blood-gas sampling is desirable e.g.:

- Shocked infants.
- Extremely preterm infant (<28 weeks).
- HIE where therapeutic cooling is employed.

Note: Do not waste time (especially on country retrievals) inserting an arterial line when not essential.

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