



Monroe Livingston Region Program Agency

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To: All ALS Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P 
Regional Medical Director

Elizabeth Murray, DO, MBA, FAAP 
Associate Regional Medical Director for Pediatrics

Date: May 27, 2014

Re: Advisory 14-07: Pediatric IVs

Placing peripheral IVs in children can be challenging due to provider proficiency, patient/parent anxiety, and the mere fact that it is a painful procedure. Fortunately, children rarely require intravenous access in either the prehospital or in-hospital environment except in cases of profound shock or hemodynamic instability.

With the addition of intra-nasal medications (specifically fentanyl and midazolam) to the regional protocols, the indications for IV placement in children have decreased substantially. Importantly, the recently released EMS for Children evidence-based guideline for treatment of seizures in pediatric patients in the prehospital setting clearly lists intranasal or intramuscular medication administration as preferred over IV. These modalities are effective and reliable medication administration routes in the pediatric population and their use will reduce the time to medication effect and often decrease the need for a painful procedure particularly in cases of seizure and orthopedic injuries requiring pain management.

When possible, medication administration via intra-nasal or intra-muscular route is preferred over IV administration in the hemodynamically stable patient thereby reducing the need for IV placement in the prehospital setting.

Importantly, pursuant to nursing standards, the Golisano Children's Hospital will no longer allow for blood samples to be obtained from prehospital IVs. Therefore, any child that receives an IV in the field will need to have a separate blood draw (and thus a second painful procedure) completed to obtain any needed blood samples while in the Emergency Department.

With any questions, please do not hesitate to contact our office.