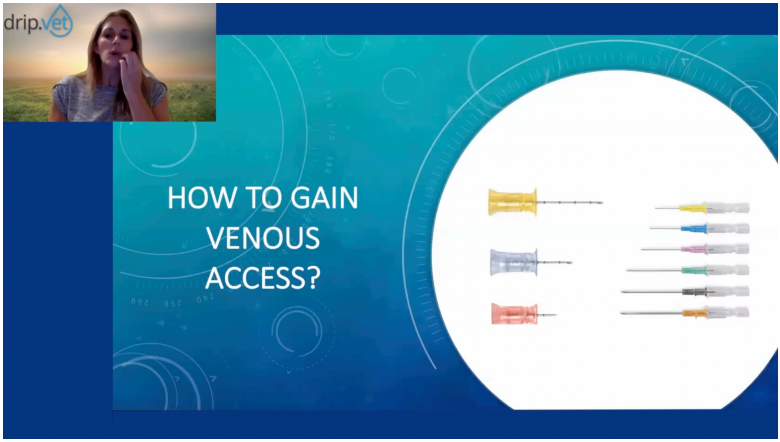
Trauma Patients for Vet Techs - week 1

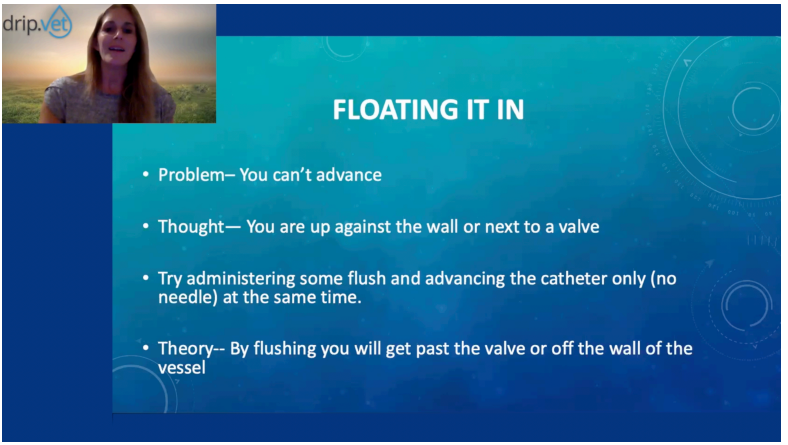
drip 4

version 1

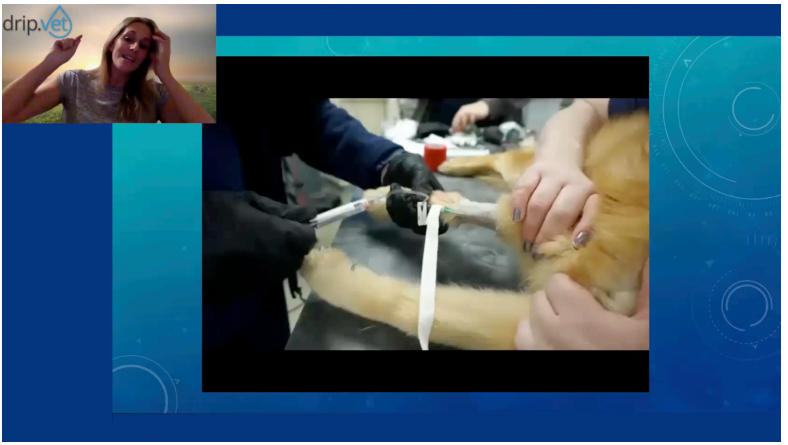
Instructor: Amy Newfield, MS, CVT, VTS (ECC)



We're going to dive into a little bit about how to gain venous access because I think that this is a frustrating point, especially for veterinary technicians. So we have on the left, intraosseous catheters and on the right are standard IV catheters, right? So we're going to talk about both of these and listen, we could spend all day sharing tips and tricks on difficult veins, and that's clearly what we're going to be-- I'm going to give you a couple tips and tricks of how to manage difficult veins because really we're going to be fighting with gaining venous access.



So one of the techniques that I have a love-hate relationship for is what I like to call floating it in. Some of you are like, I love that technique. Others of you are like, I have no idea what she's talking about, and others of you are also like I also have a love-hate relationship. So the problem is you can't advance. You probably got a flash but you can't advance it. And the thought is maybe you're up against the wall or next to a valve, so I want you to hook up a flush and flush the catheter at the same time you advance the catheter, and the theory is you're going to float the catheter. It's going to be like just floating it in down a river and it's going to free up whatever obstruction you're in.



All right so unfortunately my videographer, AKA a student, stopped-- She was so excited that I got it in. She hit the stop button on the record as soon as I got it in. So I'll play this video twice. But I'm a pre-taper. So just as a heads up, you can notice the white piece of tape. It's ready to go because I'm a pre-taper. We're shaved--

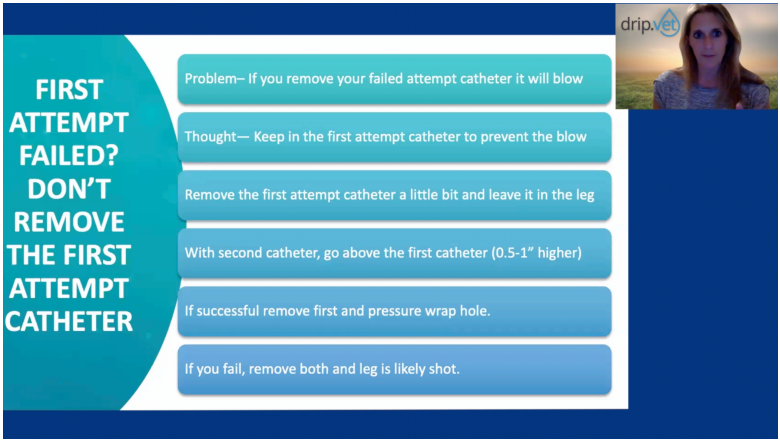
By the way, during COVID all we have were these black gloves which someone said made us look like tattoo artists, and I just didn't love them. You can see I have a T-set with a flush. I'm going to pull out to a point where I get blood and then I'm going to flush and push in at the same time. So here we go. This is what that looks like.

So I'm going to pull out until I get blood. There's the blood. I'm going to push and it advances a little bit but I get stuck again so I pull out a little bit until I get blood again, and then I flush it again and push and I'm in and then she shut off the camera. So I'll play it one more time for you guys.

So pull out to where you get blood and then you push in and flush at the same time. That's where I hit another stop so I pulled out one more time got blood and pushed and shoved it in. So that's called floating it in, and that's a tip if you're really struggling to gain venous access.

Pumping the paw, this is simple. So when you go in for a blood draw they say, make a fist for me. Can you do this a couple of times? That's going to pump up your actual vessels. I want you to do the same for your patients, but pump up the vein. Don't do squeezy foot. I see a lot of people doing squeeze the toes. That's weird. I want you to make a little carpus go up and down.

So I'm filming. This is a student who is going to be doing her very first IV catheter patient. She could have probably been done after one or two pumps but we don't talk about the vein as we know, so this is squirrelly little terrier. Come here little squirrelly terrier. Now watch. Don't say anything don't talk about how wonderful it looks. She could have been probably done she keeps on pumping the thing. But she probably didn't have to keep on pumping it.



All right, another. I love this technique. Sounds crazy I'll show you a video first attempt failed do not remove the first attempt catheter, say what. The problem is if you remove the first attempt catheter the leg is going to go psst. So the theory is you've already put a hole in this vein. You've hit the vein to some level, or you've pretty sure you hit it. Keep the first catheter in-- It freaks your doctor out, and then go above that first catheter. And then with the second catheter, you're going to go about half an inch, maybe no more than an inch higher. If you're successful, remove the first catheter. Bandage it up. You're fine. If you fail, probably the leg is garbage.

All right. This is what this looks like. I'm the one restraining. She is the one who's placing. You can tell this is a super happy kitty cat by the way, with the Darth Vader mask and the towel. So she's using a 20 gauge you can also see he's been trying to wrap her claws into her hand because she's got a gauze around the foot. Another little technique by the way you just take a gauze wrap it around the kitty foot so they can't get you.

And then she couldn't advance even though she was like totally fine. She was so mad. She was like, are you serious right now. So struggling with this, she just can't advance at all so she's going to leave it in because she knows if she pulls this out this is obstructing the whole she's created.

She's going for the 22. I'm not going to make fun of her. It's totally fine. She's going to pull the first catheter out just to tap it a bit and she's going to leave it there. Yeah, I know, it looks weird right? She's going to go above it. Wherever she got that kind of roadblock, that obstruction, she goes above it. The leg is not blowing up at this point because again the first catheter is actually clogging up the hole that she made. She's looking, she's looking. She's going nice and slow. I love how she thinks it is methodical and her catheter placement. She gets it and it goes in like butter. Perfect.

So now look she's not even to worry about the first catheter. She's going to get her blood from the second. She'll deal with that first catheter in a minute. She's going to go ahead and now grab the first catheter, pull it out, put a boo-boo bandage on, get her blood, do what she needs to do. There you go. So that's a way of saving a vein.