Medical Procedures **Date: 07/01/2021**

External Jugular Vein Cannulation **Policy #7100**

I. Purpose:

1. To establish indications, guidelines, and the standard procedure for performing External Jugular (EJ) vein cannulation on critically ill patients when unable to establish peripheral IV access, in the pre-hospital setting

II. Authority:

1. Health and Safety code, Section 1792.220, 1798. Title 22, Section 100170.

III. Policy:

1. EJ vein cannulation should only be attempted on patients who are critically ill or have impending deterioration when alternative vascular access is unable to be established.
2. Documentation should include:
    a. Prior unsuccessful IV and IO access attempts.
    b. Number of attempts
    c. Site and gauge of cannula
    d. Complications
3. No more than two attempts are permitted, using only one side.
4. Procedure is approved from adult patients, generally > 14 years old, or large than the pediatric measurement tape

IV. Procedure:

1. Place patient in supine, reverse Trendelberg position with shoulder on rolled towel to suspend head and neck in hands of assistant.
2. Turn patients head 45-60 degrees to one side.
3. Clean site with alcohol or betadine swab.
4. Tamponade the vein with forefinger just above the clavicle, midclavicular line.
5. Stabilize skin over vein with thumb.
6. Puncture skin midway between angle of the jaw and midclavicular line at a shallow angle.
7. Maintain compression on the vein continuously with finger until cannula is completely inserted, needle removed and IV tubing is connected.
8. Release tamponade over vein and adjust IV flow to desired rate.
9. Secure site.
10. Monitor for air embolism, catheter embolism, hematoma or infiltration. Remove if hematoma or infiltration occurs. Apply direct pressure until bleeding stops. (Approx. 5 min) Do not obstruct airway with pressure.

APPROVED:

Signature on File
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