



Standard Operating Procedures  
Tier 1 Veterinary Medical Center  
IVC Placement and Maintenance

Section	Hospital Procedure- General	Date of Issue	12/14/2018
Part	IVC Placement and Maintenance	Issued by	Administration
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**Introduction:**

It is the standard operating procedure of Tier 1 VMC to operate under standardized procedures for all patients.

**The procedures for IVC placement and maintenance are as follows:**

**General Requirements:**

Setup/ materials needed:

- Clippers
- Chlorhex scrub/ solution and alcohol gauze (3 each)
- Lidocaine cream (optional)
- IVC appropriate to patient size (lay out at least 2 different sizes each time)
- T-port flushed and primed with NaCl
- Male adaptor if T-port does not have luer lock twist top connection
- Tape- either ½ inch or 2 inch depending on size of patient (tabbed on both sides)

Placement:

1. Always ensure the restrainer is comfortable with position of patient as well as temperament
2. Restrainer should restrain holding leg out with one hand behind joint ready to roll and occlude the vein
3. ALWAYS prep and place IVC at lowest site possible to insure vein is still able to be used if initial puncture blows vein
4. Tech placing IVC shaves (lowest point possible) a spot on the area big enough to visualize the vein- shave the entire circumference around site/leg to deter possible causes of contamination, and ease of taping (apply lidocaine topical cream, wrap with telfa and vetwrap and let sit for 5-10min if time allows)
5. Palpate vein prior to scrubbing- palpation should not be done after scrubbing
6. Using a sterile scrub technique, scrub site alternating one Chlorhex and one alcohol gauze for a total of 3 times- allow contact time of one minute if applicable, do not palpate or touch insertion site after scrub has been completed
7. Restrainer occludes vein at this time



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8. Hold IVC in dominant hand and patient's paw with opposite hand, slowly place IVC by holding hub of IVC (bevel up) and insert stylet as well as catheter at a 10-30 degree angle into skin and vein until a flash of blood is observed in the hub of the stylet. Next slowly advance the IVC forward into the vessel until it is fed completely in and pull out stylet
9. Once catheter is flowing well and tech is confident about placement place T-port and flush through to verify patency and tape IVC in
10. Tape is placed any way tech prefers as long as IVC is anchored in with tape above and below IVC as well as anchoring in T-port, vet wrap or no chew may be needed depending on patient
11. Saphenous IVCs may need additional taping due to positional nature of these sites
12. Two poke rule, then let someone else try, do not continue to try and risk blowing multiple limbs.

### Maintenance:

1. All IVC should be visually checked for patency hourly if patient is on IVF to ensure it has not blown and IVF are running properly. If Pt is not on IVF, IVC is to be flushed every 4 hours.
2. IVC can be wrapped in no chew vetwrap if Pt is in hospital to reduce amount of movement
3. All patients paws should be checked hourly to ensure Pt is not getting "fat paw"
4. IVC are replaced every 72 hours or earlier if IVC is no longer patent or has become contaminated

### Removal:

1. Vetwrap should be removed by manually unwrapping to visualize tape and IVC
2. Tape can either be unwrapped all the way down to IVC or removed using bandage scissors
3. If removing tape with bandage scissors be sure to slide scissors along the side of tape- never on top where IVC is and make sure skin separates enough from tape to safely cut
4. Remove tape and IVC- make sure that IVC is completely intact and completely out when removed
5. A **RED** vetwrap bandage is to be placed on all patients after having IVC removed to indicate to all techs/ doctors that the IVC has been removed from that patient