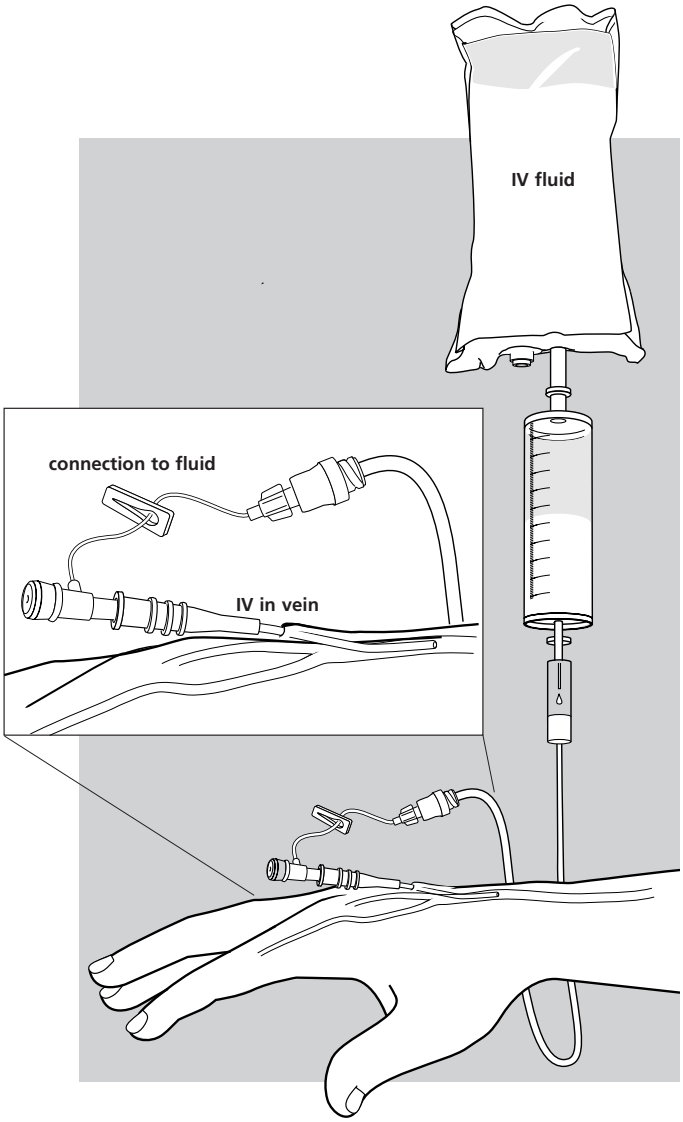
Let's Talk About...

IV placement



An **IV** (eye-vee) or **intravenous** (in-trah-VEE-nuss) is a tiny, flexible tube inserted into a vein. It is used to give fluid or medicines. When a child is ill, injured, or has had surgery, an IV is often the best and quickest way to give medicine and fluid. Your child may receive antibiotics or pain medicine through an IV. There are many reasons why your child may have an IV:

- Some medicines work better when received through an IV.
- Your child may be too young to swallow the medicine (take by mouth).
- Your child may be too ill to take the medicine by mouth.
- Your child cannot eat or drink anything by mouth because of illness or they are going to have a procedure.

How will my child receive the IV?

Depending upon your child's age, your child may receive the IV in a hand, arm, foot, or scalp vein. The person who places the IV will decide the best location for your child. You might hear the nurse calling this "placing the IV" or "putting the IV in place." The nurse will put a stretchy band around your child's arm or foot to help find the best vein. You might hear the nurse call this stretchy band a **tourniquet** (TURN-ih-ket).

The nurse will use a needle to put the IV into the vein, but once it is in place, only a flexible plastic tube stays in the vein. The nurse will put a clear sterile dressing (or tape) over the site where the IV enters the vein. The nurse may use a padded hand or foot board to secure the IV area. However, you should always be able to see the place where the IV enters the skin (the IV site).

Your child must stay as still as possible while the IV is being placed. If he needs help holding still, one of the team members can help. You are welcome to stay during the procedure. Your job is to comfort your child. Child life specialists can help your child and family with this procedure. They can prepare your child before the procedure and help during the procedure by using guided imagery and diversion.

The procedure may take from 5 to 10 minutes from start to finish.

Are there any complications from an IV?

A vein can be irritated or medicine may leak out of the vein and into the surrounding area at any time. If this happens, the nurse will take the IV out. Your child's nurse will check the IV site often. The nurse will also touch the site and compare it with the other side of the body. This will happen hourly when the IV is being used, whether your child is awake or asleep. If there is no medicine or fluid in the IV, the nurse will flush the site with fluid every few hours to make sure the IV is OK.

You can also watch for redness, swelling, and pain. If you notice any of these, tell your child's nurse. It is important that the nurse remove an IV at the first sign of a problem to lessen the chance of further problems. Nurses are careful to secure an IV when it is placed because children are often very active. However, the IV may become dislodged and need to be replaced.

What do kids say about getting an IV?

No procedure feels the same to every child. Here is how this procedure has been described by other children:

- The stretchy band gives the arm a tight squeeze. Placing the stretchy band over some gauze or a sleeve helps this feel more comfortable.
- The pad used to clean the area is cool and wet and smells very clean. Kids say they feel a sting or a pinch when the needle is used to place the tube.
- When medicine or fluid goes through the tube, some kids say it feels cool.
- When the tape is taken off, kids say it pulls.
- Your child may choose whether the tape is taken off quickly or slowly. Some kids say it helps to remove the tape themselves or have a parent do it.
- When the IV is taken out, some kids say it tickles a little, others say they don't even feel it.

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