

External Jugular IV

Procedure

Douglas County KS EMS System

March 2022

Approved Provider: Paramedic

Reference Protocols: None

Indications

- Patients who require IV access, do not have viable extremity veins, and patients who do not require immediate IV/IO access
 - Extremity IV placement should take precedent over EJ IV in stable patients
 - IO placement should take precedent over EJ IV in critically unstable patients

Contraindications

- Patient cannot tolerate being supine
- Active vomiting
- Agitated patients
- C-Spine trauma
- VP shunt
- Neck trauma
- Circumferential burns to neck

Precautions

- Neck mass can make proper insertion difficult
- Inability to identify proper landmarks should make you consider an IO
- Evidence of infection at or near site
- Avoid wrapping tape or other bandaging around neck
- DO NOT insert IV too deep to avoid hitting artery

Procedure (Fig. 1)

- Place patient in Trendelenburg position
- Have patient rotate head opposite of desired site
- Identify and cleanse site (Fig. 1)
- Place finger of non-dominant hand just above clavicle on EJ to produce tourniquet effect
- Place thumb of same hand above puncture site and apply gentle traction
- Have patient preform Valsalva maneuver and hold during IV cannulation
- Puncture vein and dress same as extremity IV
- Avoid wrapping tape or other bandaging around neck
- Confirm placement via normal IV methods

Complications

- Striking carotid artery can result in death
- Hematoma
- Infiltration

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Documentation

- Indications for procedure
- Description of procedure
- Response to procedure

Fig. 1

