EXTERNAL JUGULAR VEIN CANNULATION

OVERVIEW:
The external jugular vein is a reasonable alternative site for IV administration of fluids and/or medications. The external jugular vein should not be considered a ‘central line’ and is treated no differently than other more peripheral IV lines.

INDICATIONS:
- Consider accessing the external jugular vein when an extremity peripheral IV cannot be established.

CONTRAINDICATIONS:
- Peripheral IV in place and flow is adequate enough for patient condition

PROCEDURE:
- Turn patient’s head to opposite side of access
- Select venipuncture site
- Occlude venous return by placing a finger on the external jugular just above the clavicle
- Cleanse the site starting at the site itself and working your way out
- Insert IV catheter at a 10°-30° angle with the bevel up, entering the vein midway between the angle of the jaw and the mid-clavicular line
- Advance until you feel the catheter pop into the vein or see blood in the flashback chamber
- Carefully advance the catheter further and withdraw the needle
- Occlude blood flow at the catheter tip, remove the needle, and attach the IV administration set tubing to the catheter.
- Dispose of the needle in a sharps container
- Open roller clamp and flush the line to ensure correct placement, then set clamp for appropriate drip rate.
- Secure the catheter and tubing
- Document:
  - Time procedure performed
  - Name of individual performing skill
  - IV site and catheter size
  - Rate of infusion and total amount infused
  - Successful and non-successful attempts
  - Therapeutic effects obtained or changes in patient condition
  - Complications encountered and remedies

CONSIDERATIONS:
- Possible complications of external jugular vein IV access include
  - Pain at puncture site
  - Hematoma or infiltration
  - Local infection
  - Pyrogenic reaction
  - Catheter shear
  - Inadvertent arterial puncture
  - Circulatory overload
  - Thrombophlebitis
  - Air embolism