

IV THERAPY

An IV or intravenous (in-trah-VEE-nus) is a way to give fluids or medicine directly into the blood stream through a vein. The type and amount of IV fluid is based on your child's weight and condition. Your doctor will decide what type of fluid your child needs, the amount to be given, and the rate at which it should flow.

WHY IV'S ARE USED

The main reasons to use IV's are:

- To replace body fluids that are lost due to fever, vomiting, or diarrhea
- To give blood and other blood products
- To provide nutrition
- To give medicines

STARTING THE IV

- A small needle or plastic tube (catheter) is placed into your child's vein, usually in the hand, arm, or foot. Your child will feel a little "stick" when the needle goes through the skin. After the needle or tube is in the vein, your child should not feel pain from the IV. The IV needle will be taped to keep it in place. The needle is connected to a tube that carries the fluid from an IV bag into the vein. The bag usually contains water, glucose (sugar), and electrolytes (potassium, sodium, and/or chloride).
- If the IV is placed in the child's hand, arm, or foot, a padded arm board will be taped under the arm or leg so your child can't bend it. Bending may cause the IV to come out.
- For a child less than one year of age, it may be necessary to place the needle in a vein in the scalp between the skin and the skull. These veins are more easily seen in babies. A small area of hair may be clipped so the vein can be seen clearly and the needle can be held in place with tape. The hair will grow back after the IV is taken out.
- If the veins can't be seen easily, the IV may have to be started more than once. We will be sure to consider how stressful this is for you and your child
- The IV may be changed to a different place every 3 days to prevent infection.



Picture 1 Having an IV.

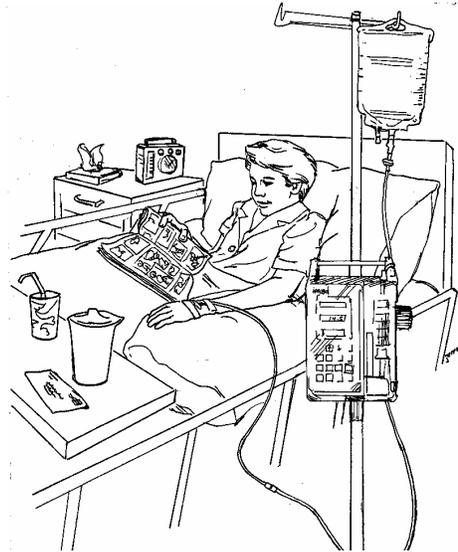
CARE OF A BABY WITH AN IV

At first you may feel awkward when you handle your baby, but it will soon become easier.

- Hold, cuddle, and play with your baby as much as possible. Even with an IV the baby can continue to play.
- When you bathe your baby, **do not get the needle area and the tape wet**. Ask the nurse to help you wrap the IV before bathing.
- You may need to gently hold your baby's hands at times to keep him from disturbing the IV
- When you put your baby back in the crib, make sure the IV tubing is draped over the side rail of the bed so that there is no pull on the IV tubing. Also make sure your baby is not lying on the IV tubing.
- If the IV is in your baby's foot, do not let him stand up.
- If the IV is in your baby's scalp, do not lay his head on the side with the IV.

CARE OF A CHILD WITH AN IV

- Your child can still play or read a book while the IV is in place.
- When helping your child with a bath, **do not get the needle area or the tape wet**. Ask the nurse to help you cover the area before a tub bath or shower is taken.
- When your child gets in and out of bed or walks around, be sure the tubing doesn't get caught or pulled.
- Make sure your child doesn't sit or lie on the IV tubing.



Picture 2 Your child can still play or read a book while receiving IV fluids.

HOW THE FLUID RATE IS CONTROLLED

The fluid that goes into your child's vein must be regulated to give your child the right amount of fluid each hour. IV's are connected to a machine called an infusion pump. This machine regulates the amount of solution that flows into the vein. If the solution flow rate slows down, an alarm goes off. This alarm alerts the nurse to correct the rate of the flow.

WHILE THE IV IS IN THE VEIN

A nurse will check on your child and the IV often.

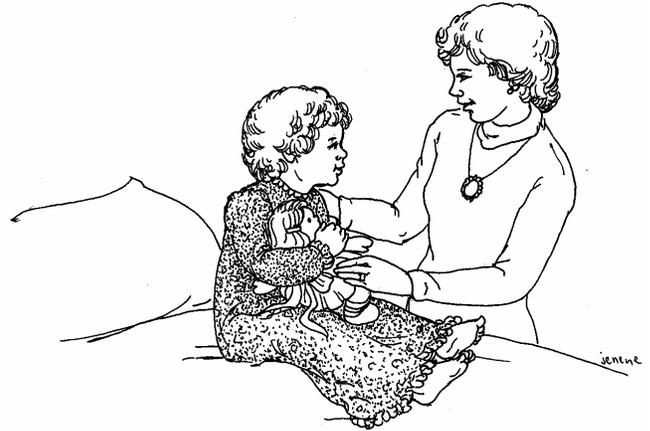
- Sometimes the IV fluid may go into the skin tissue instead of the vein. This is called an infiltration (in-fil-TRA-shun). The nurse will look for signs of infiltration such as puffiness, redness, pain, or a slowing down of the IV rate. If any of these signs are present, the needle will be checked and may have to be removed. In most cases, the IV will have to be re-started.
- Puffiness and redness that occurs when an IV infiltrates will go away after the IV is removed. The time it takes for the puffiness or redness to go away varies from child to child. Warm or sometimes cold compresses can be put on to help reduce the puffiness. Your nurse will let you know what to do.
- Some fluids cause irritation around the IV site if they leak into the tissue under the skin. These include some antibiotics, calcium, and parenteral nutrition. The nurse will closely watch the IV site if these fluids are used. If the tissue under the skin gets irritated, steps will be taken to treat it.

WHEN TO CALL THE NURSE

Be sure to call the nurse if:

- The alarm on the pump goes off.
- Your child pulls or tugs on the tubing.
- You notice blood in the tubing.
- The tubing pulls apart.
- The tape that holds the needle in place comes loose.
- The IV site looks red or puffy.
- The site appears wet.
- Your child is complaining that the IV hurts.

If you have any questions about the IV, ask your child's nurse or doctor.



Picture 3 Give your child a hug. You've both done a good job!

WHEN THE IV IS TAKEN OUT

When your child no longer needs the IV, the nurse will take off the tape and take the needle out. Taking off the tape will feel like taking off a band-aid. Taking out the needle will feel like a little pinch.

- There will be a tiny mark where the needle was. The nurse will put a band-aid over the area to keep it clean. The mark will soon go away.
- Your child's arm or foot may feel a little stiff. This will get better as your child moves around.

If you have any questions, please ask the nurse or doctor.