

# Your Child Needs an IV



## **What is an IV?**

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An IV is a short tube (catheter) placed into a vein to give your child fluids or medicine.

A thin metal needle is used to guide the soft tube through the skin and into the vein. The needle is removed leaving only the soft tube in the vein. It is secured with tape, a dressing and sometimes a support board.

Ask your nurse or a child life specialist to see an IV catheter.

## **Why does my child need an IV?**

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Some medications can only be given through an IV or work best this way (such as antibiotics or pain medications).

Sometimes a child can't eat or drink, so an IV can give fluids and nutrition.

## **Who helps with IV placement?**

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Nurses, nurse practitioners and doctors place IVs, and child life specialists and family help the child to prepare.

### *Doctors*

- Will talk with you about why your child needs an IV, and how long it needs to stay in.
- Will discuss the need for the IV every day and decide when it can come out.

### *Nurses*

- Will offer numbing cream, comforting positions, toys and movies for distraction, as appropriate.
- Will check the IV frequently, keep the dressing clean and dry, and move the IV to a new place if it stops working.

### *Child Life Specialists*

- Will help explain what happens when an IV is put in.
- Will use therapeutic play, distraction, visualization, and relaxation to help your child be more comfortable and cooperative during the procedure.

What looks like play with the child life specialist might be serious "work" going on to help your child!

### *Family*

- Play a very important role preparing a child for IV placement.
- May choose to comfort and distract their child while the IV is placed.
- Help plan for support by discussing what has helped in the past.
- Help protect the IV by letting the nurse know as soon as it looks wet, red, swollen or is causing pain.

## What to expect

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- Procedural Support Plan (see next page).
- Select the best vein sites.
- Numbing cream may be applied.
- Move or position child for the procedure.
- Clean the area and attempt to place IV.
- Secure IV after insertion.

### *IV starts in children can be tricky for various reasons:*

- Extreme fear or crying can shrink veins. Children cry due to fear as much as pain.
- Numbing cream takes time to work and some children may become more anxious while waiting.
- Numbing cream works better for some children than others.
- Small veins may be difficult to put a catheter into.
- Numbing cream can make the skin and veins tense up.
- Placing the IV is more difficult if the child is moving, so remaining still is important.

### *Will getting an IV hurt?*

- We can't say how it will feel for your child, but some children say that it hurts/stings/pinches and others say that it doesn't hurt much at all.
- We try to not worry children about this, but do want them to know we are doing things to lessen the hurt.



# Procedural Support Plan

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We have lots of experience preparing children of all ages to get an IV. Child life staff or your nurse will talk with you about what might be useful to make the process as painless and low stress as possible. We call this a 'support plan', or 'procedural support plan'. The plan can help with the pain from the insertion, the fear of how much pain there might be, and the anxiety of the unknown.

*These things have been helpful for many children:*

Our staff may use many of these things for support and to help your child relax. You might also want to try some of these things!

- **Education**
  - Talk and play are used to teach your child what to expect.
- **Numbing cream**
  - Numbing cream is often used to help the pain of pricking the skin.
  - Numbing cream prior to starting an IV has positives and negatives, so it is not used every time.
  - The cream works best if on for 30 minutes or more. Sometimes waiting for the cream makes a child more anxious, while other find it comforting to know it will hurt less.
  - The medicine in the cream can sometimes tighten the skin and shrink the veins underneath. This can make it hard get the IV in that spot.
- **Support person presence**
  - Just being with your child may help him or her to feel safer. It may also reduce their anxiety, fear or pain. If you are uncomfortable, or can't be there, our staff will comfort your child.
- **Distraction**
  - Have your child squeeze your hand "really tight."
  - Blow bubbles (young children love this!).
  - Sing a favorite song together.
  - Tell your child his/her favorite story.
  - Help your child play with an interesting toy.
  - Look at a book with colorful or pop-up pictures.
  - Listen to music or watch a video.
- **Relaxation**
  - Talk to your child using a calm and reassuring voice.
  - Hold a favorite toy or blanket to comfort and relax your child.
  - Help them to take slow, regular breaths to relax and focus.
  - Young children can control breathing by blowing bubbles.
  - Help your child to imagine they are in a favorite or comforting place such as at the beach or snuggling with their teddy bear. They can tell a story to you, or you could tell them a story and let them fill in some information.

- **Positioning for comfort**

- Some ways to hold a child make them feel very secure and loved, while also keeping them quite still, such as on your lap facing you while you give a hug.
- When a parent holds the child, it feels like a big hug. The more snugly the parent holds the child to stay still, the 'bigger' the hug. The hold itself feels comforting.
- These positions may feel awkward at first, but have been praised by many children and parents for making it less scary and less painful overall.
- Some children like to watch while the IV is put in, as they don't want to be surprised by the poke. It is usually best to allow them to watch if they want to.
- Lying on the back with arms out is the most vulnerable position. Allowing a child to sit up will give them some control and confidence and may allow them to cooperate more effectively. A position that allows the child to be at least partly seated is best.



- **Tips**

- Before starting, give the child a job and make sure it is one they can 'do'. E.g., "Your job is to hold this hand still." Make it small, and specific. Small children can't hold their whole body still when they are afraid or have pain, but they can try to hold ONE hand still.
- Keep your directions positive. Avoid saying what NOT to do; find something to offer that they CAN do. E.g., "It is fine for you to move your toes and feet."
- It is always ok to cry. We might suggest a quieter cry if the child screams wildly since that makes the veins get small and the child can't concentrate on holding their hand still.
- Tell your child what a good job they are doing! They don't have to be perfect, but it will keep their attention on 'trying' if they think they are doing it well.
- It is important to not say 'All done' or 'just one more minute.' The sign for the end of the procedure should be given when the IV inserter no longer needs to touch the child.

## When an IV stops working

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- IVs are not intended to stay in place for a long time, so if it is needed, your doctors may consider a more long term catheter. Regular IVs usually last from a few hours to a few days.
- If your child's IV site becomes damp, warm, painful, red, or swollen, the IV may need to be removed. It is best to remove the IV when we first notice it is no longer working properly, rather than waiting to avoid another IV start procedure. We don't want a small complication to grow worse by waiting.
- The IV will need to be restarted to continue giving medications and fluids. Depending on your child's needs, the IV may need to be restarted right away (sometimes at night), or may be able to wait a short time. While it is rarely an emergency to get it restarted, we need to look at when medicine is due and what fluids are needed in deciding what the plan will be.
- It is usually best to be calm and reassuring about needing a new IV. We will develop a support plan and do our best to make it a quick and successful procedure and work with you to support your child.

## How family can stay involved

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- Ask your healthcare providers what to expect with IV insertion.
- Discuss appropriate comfort measures with your healthcare providers.
- Develop an IV insertion plan with your healthcare providers.
- Tell the nurse if you have any concerns about IV insertion, maintenance, or discontinuation.

## Notes

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