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## What is an I.V.?

An I.V. is a way to give your child fluids or medicines. The letters “I.V.” stand for intravenous, meaning “in the vein.” The fluids or medicines are carried through a thin, plastic tube into a vein. From there, it is carried by the blood to the rest of your child’s body.

## How can I help my child?

- Be honest with your child about the I.V. and why it is needed.
- Work with your child’s nurse to create an environment to help with needle pain. This could include:
  - Topical anesthesia (numbing cream or spray on the skin)
  - Oral sucrose to suck on
  - Positioning
  - Distraction
- Children often follow the example of their parents. You can help your child by being relaxed. Step away at any time if you feel you cannot act relaxed.
- Child life specialists can also help your child. They can help to distract them and give you ideas about how you can help. Ask your child’s nurse to call a child life specialist if one is available.

## How does the nurse place the I.V.?

1. A nurse will wrap a thick elastic band, called a tourniquet, tightly around your child’s arm, foot or scalp. This causes the vein to bulge.
2. The nurse may:
  - Use a warm pack or tap the skin on top of your child’s vein. This is to help find a vein.
  - Use a painless special light or ultrasound to help find a vein.
  - Put a special cream or a cold spray on your child’s skin where they will place the I.V. if time allows. These products may help to decrease discomfort when they start the I.V.
3. The nurse will clean the skin where they will place the I.V. This may feel cool and wet to your child.
4. It is very important for your child to keep still while the nurse places the I.V. The nurse will:
  - Gently slide a small needle under your child’s skin.
  - Remove the needle once it is in the vein. A thin, plastic tube called a catheter is left in place after the nurse removes the needle. You may see a small amount of blood as the nurse places the I.V. into your child’s vein.
5. The nurse will then remove the thick elastic band and tape the I.V. in place.
6. To make sure the I.V. is in the vein and working well, the nurse will push fluid through the tubing into the vein.
7. The nurse may tape a soft, padded board under your child’s I.V. to help keep it straight and secure.

**In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**

# Intravenous (I.V.) infusion, continued

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Sometimes the nurse will attach the I.V. to long, thin tubing that connects to a bag of I.V. fluid or medicine. The tubing may run through a pump that controls how much fluid or medicine your child gets. This is called an infusion.

Please note that our staff may not be able to place the I.V. the first time they try. This can be due to differences with skin, veins and other conditions.

## What happens next?

- The nurse will use TLC (touch, look and compare) to monitor your child's I.V. site over time.
- Your child can still get up and move around. An I.V. pole can be used to help push the I.V. pump.
- The nurse will remove the I.V. from your child's vein when the doctor says it is OK. Most often, this does not hurt. The nurse will then put a gauze pad or bandage over the I.V. site.

## What problems could happen?

Our nursing staff will check the I.V. site every hour to help prevent problems and to keep the I.V. working well. They will do this throughout the day **and** night for as long as your child has fluids or medicines going through the I.V. This means they will check your child's I.V. when they are sleeping, too.

The spot where the I.V. is in place and the area around it should be:

- Soft
- Warm to touch
- Painless
- The same size as the opposite hand, arm or foot

Sometimes, the I.V. may get dislodged from inside the vein. This is called an "infiltrate." Knowing what to look for can help decrease problems caused by an infiltrate. Look for:

- Pain at the I.V. site
- Swelling
- Redness or bruising
- Temperature change (skin may feel warmer or cooler than normal)
- Trouble pushing fluids or medicines through the I.V.

As a parent, you can partner with your child's nurses to let them know **right away** if any of the above signs or symptoms happen with your child. The nurse may need to place a new I.V.

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# Intravenous (I.V.) infusion, continued

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## When should I call the doctor after leaving the hospital?

Call your child's doctor **right away** if your child has any of these:

- Swelling, pain or drainage at the I.V. site
- Red lines coming from the I.V. site
- Bleeding that does not stop at the I.V. site
- Fever (temperature of 100.4°F or higher)
- Decreased feeling or weakness in the hand or foot on the same side as where the I.V. was placed

Also call your child's doctor if you have any questions or concerns about how your child looks or feels.

**This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.**

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