Shands at UF – North & South Campus’
Radiology/CT Scan
IV Access Guidelines
Extensions: 46068 (North) or 30895 (South)

The following studies require no less than a 20 gauge peripheral IV access (preferably in the antecubital or radial areas):
There are a number of power injection lines of which can be identified either by patient ID cards or labeling directly on the product. Some examples of these lines are: Power Port (with proper power injectable access line), Power PICC, ARROW Central Line, Navilyst, Morpheus CT PICC to name a few. A power injectable line will always be labeled with rate for power injection.

NOTE: Pediatric patients may be handled differently if a 20 gauge access is not possible --- these cases will be handled on an individual basis by direct communication between the nursing staff and CT technologists.

STROKE ALERT
CTA HEAD, PERFUSION STUDY
CTA NECK
PULMONARY EMBOLUS
PULMONARY VEIN
CARDIAC CTA**
CT IVP/RENAL MASS
THREE PHASE LIVER
PANCREATIC MASS
PRE OP STENT (AAA)
POST OP STENT
TRAUMA STUDIES
Any ARTERIAL studies (angiogram) needed for patient diagnosis.
See specific exam protocol names on page 3.

*Central lines are not an option for these studies with the exception of the above stated lines

**Line placement for this study is very specific and must be scheduled with the Cardiac Coordinator for Radiology - Nancy Quinn
Routine studies can be done with a 22 gauge peripheral IV or larger:

- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Extremities
*Pediatric studies will vary by patient.

Due to limitations with our power injectors in CT, we cannot use central lines that are not rated for pressure injections of 300 PSI or greater. The following central/access lines have a 25 PSI limitation and **cannot be used** by CT for power injection due to the viability of the materials used to manufacture these lines (the manufacturers will not support the use of power injectors with their product):

- Hickman
- Groshong
- Broviac
- Introducers
- Vascath

Patients getting an exam with IV contrast will be required to have peripheral IV access (with the exception of those with Power PICC/Power Port or the Central Line that is approved/labeled for CT pressure injections).

**EJ/IJ access:** The use of an EJ (external jugular) or IJ (internal jugular) lines are limited. If the patient needs an arterial study, a peripheral IV line should be placed in order to prevent an increased risk of extravasation into the patient’s neck, compromising the airway, vascular structures, etc. If an EJ/IJ lines are used, it must be at a rate of no more than 2 mL/sec at a reduced PSI of 150.

**Pediatric scalp IV access:** can be used for routine studies only. **NO ARTERIAL** studies can be done using a scalp IV. All scalp contrast injections must be done by hand and can never be pressure injected.
Lower Extremity IV access: IV placement in a lower extremity can only be used for routine studies and cannot be injected faster than 1 mL/sec and must be watched throughout the entire injection. Once the injection is complete, an entire 250 mL bag of normal saline must be infused via gravity before removing the saline drip.

Orderable names for exam protocols requiring 20 gauge peripheral IV access:

CT Acute GI Bleeding
CT Body Trauma
CTA Chest Aorta
CTA Chest, Abdomen, or Pelvis (any combination)
CTA Acute Chest Pain
CTA Endograph Planning
CTA Post Stent Chest, Abdomen, or Pelvis (any combination)
CTV Chest, Abdomen, or Pelvis (any combination)
CT Deep Inferior Epigastric Artery
CT Enterography
CT Liver Three or Four Phase
CT Pancreas Detail
CTA Cardiac Coronary Arteries
CTA Cardiac ED Chest Pain
CTA Cardiac Post Graft
CTA Cardiac Prospective Gating
CTA Cardiac Retrospective Gating
CTA Chest Pulmonary Artery
CTA Chest Pulmonary Vein
CTA Head, Neck, Perfusion, (any combination)
CTA Head Stealth
CT Three Phase Parathyroid