Name of Child: ____________________________   Date: ________________

**IVs**

**What does IV mean?**
IV stands for *intravenous* which means “in the vein.”

**What is an IV?**
An IV is a thin bendable tube that slides into one of your child’s veins. It can stay there for a while. It can be hooked up to tubing that carries fluid, medicine or blood to your child.

**How is the IV put in?**
- We want your child to see the hospital bed as a safe place. Your child may be taken into the treatment room to get the IV. This means your child may learn that going to the treatment room means something will happen. Your child may cry on the way to the room.

- If you want, you may stay with your child in the treatment room. It is all right if you don’t want to be in the treatment room with your child. You can comfort your child after the IV is started.

- The nurse or doctor needs to find the best place to put the IV in your child. This may be in a hand, foot, or head. Scalp veins are often used in babies because they are bigger than the veins in their hands and feet. Also, an IV in the arm or leg makes it hard for a baby to move around. An IV in a scalp vein does not hurt any more than an IV in the hand or foot. It does not cause brain damage.
• Your child may be asked to lie down. A big rubber band, called a **tourniquet**, will be tied on the arm or leg. This will make it easier to see the vein. The nurse or doctor may tap the vein to make it show better.

• The skin will be cleaned. This may feel cool and wet. The spot will be cleaned with a liquid, which may smell funny.

• Then the nurse or doctor will very gently slide the tip of the needle under the skin to reach the vein. This may feel like pressure, a bee sting, a baby chick pecking or an injection.

• There are several things your child might choose to do while the IV is being put in:
  - hold someone’s hand really tight
  - think about doing something fun
  - make up a story
  - play with a party blower
  - play music
  - sing a song
  - cry
  - say “ouch” really loud
  - count to 10

• Children’s veins are very small, and even smaller if the child is **dehydrated**. It may take several tries to get the IV in the vein.

• It is normal for a child to pull away or jump when getting poked. If this happens, the nurse or doctor will have to try again to get the tube in the vein. Sometimes, several people may help the child hold still, so the IV can be put in quickly, with as few tries as possible.

• When the tube is in the vein, the rubber band will be taken off and the needle taken out. The IV tube will be taped in place.

• The IV will be connected to tubing carrying fluid, medicine or a transfusion of blood, or may be capped so it may be used later.
• The IV may be protected by a small padded board.

**How long does an IV last?**

• An IV may last as long as three days. A new IV needs to be put in after three days or when the old one stops working, falls out, or the skin around the IV becomes puffy, red or warm to the touch. Nurses check IVs often. If your child’s IV does not look right to you, tell your child’s nurse.

• When the tape is taken off, it may tug on the skin. If hairs are caught, pulling at the tape may hurt. Taking the IV tube out is painless.

**What is a pump?**

• The **pump** controls the flow of fluid through the IV. It will ring an alarm after your child’s gets the dose of fluid, medicine, or blood. It will also ring an alarm if the fluid is not flowing into the vein easily, or for other problems.

• The alarm is loud enough for the nurse to hear. If you keep the door closed, please ring the call light when the pump’s alarm goes off.

**Now that you’ve read this:**

☐ Tell your nurse why your child needs an IV. (Check when done.)
☐ If you have any questions or concerns about your child’s IV, ask your child’s nurse.