



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved January 2017

Alternative Methods to Vascular Access in the Emergency Department

Revised January 2017

Originally approved
June 2011

There are situations in the emergency department (ED) when intravenous access (IV) procedures fail or are insufficient to meet the clinical needs of the patient. Alternative access methods must be available under such circumstances and their usage should be a part of the emergency medicine practice privileges. These alternate access modalities include, but are not limited to, intraosseous lines, external jugular lines, central lines and peripheral lines placed under the guidance of ultrasound or illumination devices. Facility policies and procedures for non-physician practitioners including but not limited to: nurses, allied health professionals, advanced practice providers and technicians performing these procedures in accordance with their scope of practice should allow for expeditious establishment of IV access via alternate routes when indicated. These policies should include a discussion of the initial and recurrent training requirements and provisions for periodic physician oversight, such as orders and/or protocols.