



SUBCUTANEOUS FLUIDS ADMINISTRATION

MATERIAL SET-UP

Materials needed:

- Sterile needles – typically a larger gauge like, 20g or 18g
- A sterile spike-set fluid line
- A sterile bag of fluids

All of the fluid products come in sterile wrappers or packaging, which will need to be opened and assembled prior to use. These supplies are often obtained from a veterinary clinic and can be assembled by support staff at the time of purchase.

Every fluid bag contains a small entry port, and spike-sets have a sharp point at one end that will need to be forced into this entry port. Both the fluid bag and the spike-set may have a plastic tab or sleeve protecting them until use. These protective covers will need to be removed prior to assembly of fluid bag and spike-set fluid line.

When introducing the sharp pointed end of the spike-set into the fluid entry port, the spike-set may have to be twisted while forcing it into the entry port membrane. Advance the spike-set until it is fully seated against the port.

It is necessary to fill the fluid line before use to prevent a large amount of air entering under the skin of the patient.

Identify any and all line-clamps that are present on the spike-set fluid line tubing. Unclamp all clamps by pushing them beyond the “wedge” into the open position. Once in the open position, they should dangle and slide easily along the tubing.

Identify the fluid rate roller valve. If rolled into the downward position, it will completely clamp the fluid line and prevent any flow. If rolled into the upward position, it will completely open the fluid line and allow flow freely. When a rate is not desired, leave the roller valve in the completely open position.

Before fluid administration, be sure to place a new, sterile needle on the end of the fluid line before each administration.

Each fluid bag has printed lines indicating fluid volume. Each number on the bag typically represents a value of 100mls. The veterinary support staff will help instruct how much fluid to administer at one time.

PROCEDURE

Start by finding a hook or elevated area to place the fluid bag. The fluids will flow faster and easier if placed on an elevation above the patient.

Bring the patient into a relaxed, comfortable location. Practice pulling upwards on the skin along the spine, near the shoulder blades. This technique is called skin tenting and will be the location of fluid administration.

Once the skin is tented with one hand, use the dominant hand to direct the needle attached to the fluid line into the empty space under the skin tent. Position the needle so that it is parallel with the spine, not perpendicular.

Reposition the hand holding the skin tent to now hold the needle which has been placed into the skin.

Using the dominant hand, open all of the clamps and allow the fluids to flow freely.

Once the desired amount of fluid has been introduced under the skin, re-clamp the fluid line, remove the needle from the skin, and replace the needle cover.

Immediately remove the old needle and place a new sterile needle to protect the end of the fluid line.

Dispose of the old needle in a safe container or sharps receptacle.