

# ADULT INTRAOSSSEOUS PROCEDURE

## Indications

Patient in extremis, cardiac arrest, profound hypovolemia, or sepsis and in need of immediate delivery of medications/fluids and immediate IV access is not possible

### Procedure Preparation

- Select insertion site based on manufacturer's instructions
- Position and stabilize insertion site
- Following aseptic technique, prepare insertion site and allow to dry via air or gauze

### Procedure

- Insert IO needle according to manufacturer's directions
- Confirm placement
- Attach primed extension set and flush with 10ml **NS**

### Equipment

- Intraosseous infusion needle and/or mechanical insertion device
- Chlorhexidine with alcohol swab or ampule
  - If patient has allergy to Chlorhexidine, use alcohol swab only
- Sterile gauze pads
- 10ml **NS** syringe
- IV **NS** solution and tubing with 3-way stopcock
- Supplies to secure infusion
- Pressure bag
- **Lidocaine 2%** (preservative free)

### If patient awake and/or responsive to pain

- **Lidocaine 2% (preservative free)** 20-40mg over 30-60 seconds
- Wait 30-60 seconds before fluid infusion
- MR in 15 min if needed

### If resistance is met

Remove needle, apply pressure to site and attempt at secondary site

### Critical Information

- Absolute contraindications:
  - Recent fracture of involved bone (less than 6 weeks)
  - Vascular disruption proximal to insertion site
  - Inability to locate landmarks
- Relative contraindications:
  - Infection or burn overlying the site
  - Congenital deformities of the bone
  - Metabolic bone disease

- Stabilize as recommended by manufacturer
- Attach pre-flooded IV tubing with pressure bag for infusion
- Monitor insertion site and patient condition