Kaleida Health

DOWNTIME
☐ Entered into electronic record after downtime
date _____ time _____
initials _____

PEDIATRIC & NEONATAL INSERTION & CARE OF INTRAOSSEOUS (IO) DEVICE ORDERS 1 of 2

Patient ID Area

☐ Actual ☐ Estimated Weight kg	☐ Actual ☐ Estimated Height cm	ALLERGIES: REFER TO ALLERGY PROFILE/ POWERCHART

(✓) Check, circle and/or fill in all orders to be implemented as appropriate

Pre-Insertion of Intraosseous needle (IO)

1. An IO credentialed provider or an IO credentialed STAT Team Registered Nurse (RN) to insert intraosseous device STAT due to:
   - ☐ Cardiac arrest ☐ Clinical shock
   - ☐ Circulatory failure ☐ An acute emergency condition in which vascular access is not obtainable
2. The IO credentialed provider or the IO credentialed STAT Team RN is to document assessment of the limb prior to inserting the intraosseous device
   - ☐ Tibia ☐ Right ☐ Left
   - ☐ Humerus ☐ Right ☐ Left
3. ☐ Inject or infuse Lidocaine 2% (preservative free) 0.025 mL/kg (max dose 2 mL) IO based on clinical situation and discretion of provider
4. ☐ IV _____ at _____ mL per hour via IV pump or pressure device.
5. Within 24 hours, contact an IO credentialed provider or an IO credentialed Stat RN on Date _____ Time _____ (Must be D/C within 24 hours)
6. ☐ Hourly documentation including patient's vital signs, pulses, pain and appearance of intraosseous insertion site and targeted limb for any signs of:
   - Infiltration, edema, hematoma
   - Pain in the targeted extremity
   - Redness
   - Leakage or extravasation

   If any signs and symptoms occur, notify the IO provider to perform a bedside assessment
7. ☐ Bedrest. Support targeted extremity with pillows or immobilizer if applicable

ADDITIONAL ORDERS _____

NURSING

☐ **TORB** From _____
Date _____ Time _____
Signature _____
ORDERS NOTED BY RN Date _____ Time _____
Signature _____

PROVIDER

Date _____ Time _____
Print Name/Stamp _____
Signature _____
TORB = Telephone Orders Read Back

Place STAT barcode sticker within this box only on form copy being scanned

Kaleida Health

DOWNTIME
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PEDIATRIC & NEONATAL INSERTION & CARE OF INTRAOSSEOUS (IO) DEVICE ORDERS 2 of 2

Patient ID Area

EZ IO Intraosseous Reference

1. Verify no previous intraosseous insertion in targeted limb in previous 24 hours.
2. Verify correct needle size by puncturing skin with IO needle until it comes in contact with the bone. One black line should be visible prior to deploying IO driver trigger to drill into the patient's bone.
3. After stylet is removed, verify correct placement by aspirating bone marrow. If unable to aspirate marrow, flush IO and assess the limb for signs of infiltration or extravasation.
4. Apply EZ stabilizer dressing to stabilize IO site.
5. After the IO needle is inserted, date and time the IO band and place it on the patient's targeted bone. The IO band must stay on the patient while the IO is in place and for 24 hours after removal to insure that the same bone will not be targeted within 24 hours of removal.
6. The intraosseous device must be removed within 24 hours. The IO needle must be removed by an IO credentialed provider or an IO credentialed STAT team RN. Stabilize the patient's extremity, connecting a sterile Luer-Lok syringe to hub of the catheter and rotate the catheter clockwise while gently pulling the needle back with the syringe. Avoid rocking the needle.

Manual Intraosseous Reference

1. Verify no previous intraosseous insertion in targeted limb in previous 24 hours.
2. Utilize an 16 gauge manual IO needle for neonates and infants. Use an 18 gauge manual IO needle for pediatric patients and adults.
3. After stylet is removed, verify correct placement by aspirating bone marrow. If unable to aspirate marrow, flush IO and assess the limb for signs of infiltration and extravasation.
4. Stabilize the manual IO using sterile 2x2 pads taped in place on either side of the needle flange.
5. After the IO needle is inserted, date and time the IO band and place it on the patient's targeted bone. The IO band must stay on the patient while the IO is in place and for 24 hours after removal to insure that the same bone will not be targeted within 24 hours of removal.
6. The intraosseous device must be removed within 24 hours. The IO needle must be removed by an IO credentialed provider or an IO credentialed STAT team RN. Stabilize the patient's extremity, connecting a sterile Luer-Lok syringe to hub of the catheter and rotate the catheter clockwise while gently pulling the needle back with the syringe. Avoid rocking the needle.