



Kaleida Health

DOWNTIME	<input type="checkbox"/> Entered into electronic record after downtime
	date _____ time _____
	initials _____

Patient Name _____

Date of Birth _____

Admission/Visit Date _____

Site _____

Medical Record Number _____

Financial Number _____

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:

- Credentialed Licensed Independent Practitioner to insert intraosseous device STAT due to:
☐ Cardiac Arrest ☐ Clinical Shock
☐ Circulatory Failure ☐ An acute emergency condition in which vascular access is not obtainable.
- ☐ Consent for intraosseous insertion if applicable.
- Obtain and document in EMR vital signs and assessment of limb prior to inserting intraosseous device.
☐ Tibia ☐ Right ☐ Left
☐ Humerus ☐ Right ☐ Left
- ☐ Inject 2 mL 2% lidocaine (epinephrine and preservative free) slowly prior to flushing IO: pain, prn.
- ☐ IV _____ at _____ mL per hour via IV pump or pressure device. (30 mL/hr minimum)
- Within 24 h, contact a Credentialed IO Independent Licensed Provider (LIP) on Date: _____
Time: _____ (Must be D/C within 24 h).
- ☐ Hourly documentation in EMR of patient's 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 LIP to perform a bedside assessment

- Stat consult with _____ for vascular access
- ☐ Bedrest. Support targeted extremity with pillows or immobilizer if applicable.

ADDITIONAL ORDERS: _____

NURSING	<input type="checkbox"/> TORB From: _____
	Date: _____ Time: _____
	Signature: _____
	ORDERS NOTED BY RN Date: _____ Time: _____ Signature: _____

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



KH01418 Rev. 05/24/13

ORDERS

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



Kaleida Health

**ADULT INSERTION & CARE OF
INTRAOSSEOUS (IO) DEVICE ORDERS 2 of 2**

DOWNTIME	<input type="checkbox"/> Entered into electronic record after downtime
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Intraosseous Reference:

1. Verify no previous intraosseous insertion in targeted limb in previous 24 hours.
2. Verify correct needle size by puncturing skin with intraosseous 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.
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 Intraosseous needle must be removed by a credentialed Independent Licensed Practitioner (LIP). 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.



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ORDERS