NEONATAL INTRAOSSEOUS INFUSION

PURPOSE

H. Interosseous infusion may be performed by a transport team member to obtain emergency IV access. The decision to perform an interosseous infusion should be based upon the severity of the infant’s condition. Notify control physician/NNP if interosseous procedure is performed.

SCOPE

A. This guideline applies to all members of the Indiana University Lifeline Critical Care Transport team.

DEFINITIONS

None

GUIDELINES

B. Indications

B. Obtaining quick vascular access in the neonate in shock or full arrest
C. Inability to start peripheral IV or UVC within minutes of CPR or 5 minutes
D. Need for administration of large amounts of blood products and/or medications, when other means of IV access are unsuccessful

C. Contraindications

C. Known marrow or osseous disease
D. Fracture of the targeted bone
E. Previous orthopedic procedures near insertion site (prosthetic limb or joint)
F. IO within the past 24 hours in the targeted bone
G. Infection at the insertion site
H. Inability to locate landmarks or excessive tissue over the insertion site

D. Complications

D. Epiphyseal injuries
E. Subcutaneous edema, abscess, or infection
F. Osteomyelitis, periostitis
G. Cellular marrow changes
H. Bone fracture
E. Medications that can be administered by IO access

<table>
<thead>
<tr>
<th>Analgesics</th>
<th>Antibiotics</th>
<th>Fluids</th>
<th>Neuromuscular Blockers</th>
<th>Resuscitation Medications</th>
<th>Misc</th>
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<tbody>
<tr>
<td>Diazepam</td>
<td>Amikacin</td>
<td>Blood</td>
<td>Pancuronium</td>
<td>Adenosine</td>
<td>Heparin</td>
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<tr>
<td>Fentanyl</td>
<td>Ampicillin</td>
<td>Dextrose</td>
<td>Rocuronium</td>
<td>Atropine</td>
<td>Insulin</td>
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<tr>
<td>Ketamine</td>
<td>Ceftriaxone</td>
<td>Hypertonic</td>
<td>Succinyleholine</td>
<td>Calcium chloride</td>
<td>PGE1</td>
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<tr>
<td>Lorazepam</td>
<td>Clindamycin</td>
<td>Saline</td>
<td>Vecuronium</td>
<td>Digoxin</td>
<td>Decadron</td>
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<td>Midazolam</td>
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Required Documentation:

Citations/References:

