

				
MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES				
EMS POLICIES & PROCEDURES				
EFFECTIVE DATE: February 29, 2016	POLICY NUMBER: 022916-PROTOCOL	TYPE: Medical Protocol	REPLACES: None	PAGE: 1 OF 1
ENTER NAME/TITLE HERE (signature on line below): JON JUI MD		TITLE: PEDIATRIC INTRAOSSEOUS DISTAL FEMUR		

Effective immediately, Multnomah County EMS providers are authorized to use the distal femur to establish vascular access on pediatric patients (<6 years old).

Intraosseous insertion is an alternative technique for establishing vascular access in critical patients when peripheral IV access is difficult or time-sensitive. The distal femur site has a high success rate in pediatric patients.

Indications:

To gain vascular access in critical pediatric (<6 years old) patients who present with one or more of the following clinical conditions:

1. Cardiac Arrest
2. Hemodynamic instability (BP<90mmHg and clinical signs of shock)
3. Imminent respiratory failure
4. Status epilepticus with prolonged seizure activity greater than 10 minutes, and refractory to IM anticonvulsants
5. Toxic conditions requiring immediate vascular access for antidote

Procedure:

Site Selection of the Distal Femur:

1. Secure the out-stretched leg to ensure the knee does not bend.
2. Identify the superior (top) patella edge by palpation.
3. Insertion site is one finger width proximal (above) from patella, then one finger width medial (towards inner leg).
4. Secure with EZ-Stabilizer device.
5. Leg should remain immobilized until the IO catheter is removed.

