



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD



EZ-IO UTILIZATION DOCUMENTATION

Call Information

Date: _____ Time of Call: _____ Incident#: _____
 PPCR #: _____ Technician: _____
 Chief Complaint / Patient Description / Description of Scene: _____

Patient Information

Age: _____ GCS: E__ V__ M__ Weight: _____

Peripheral Attempts

Attempt #1: (No Apparent Vasculature)
 Site: _____ Size: _____ tech: _____
 Attempt #2: (No Apparent Vasculature)
 Site: _____ Size: _____ tech: _____

EZ-IO Attempt #1

Site: Proximal Tibia Distal Tibia Humeral Head
 Flushed Immediately After Insertion? Yes No
 Pressure Infuser Used? Yes No
 Confirmation of Placement:
 Firmly in Place Blood at Tip of Stylet Able to Aspirate Marrow
 Physiologic response to medications Able to inject fluids and/or drugs
 Attempt Successful Attempt Unsuccessful
 Complications / Comments: _____



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EZ-IO Attempt #2

			tech: _____
Site:	<input type="checkbox"/> Proximal Tibia	<input type="checkbox"/> Distal Tibia	<input type="checkbox"/> Humeral Head
Flushed Immediately After Insertion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pressure Infuser Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Confirmation of Placement:			
<input type="checkbox"/> Firmly in Place	<input type="checkbox"/> Blood at Tip of Stylet	<input type="checkbox"/> Able to Aspirate Marrow	
<input type="checkbox"/> Physiologic response to medications	<input type="checkbox"/> Able to inject fluids and/or drugs		
<input type="checkbox"/> Attempt Successful	<input type="checkbox"/> Attempt Unsuccessful		
Complications / Comments: _____			

