



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: _____
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Peripheral Attempts

Attempt #1: (<input type="checkbox"/> No Apparent Vasculature)		
Site: _____	Size: _____	tech: _____
Attempt #2: (<input type="checkbox"/> No Apparent Vasculature)		
Site: _____	Size: _____	tech: _____

EZ-IO Attempt #1

			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: _____			



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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: _____			

