INTRAOSSEOUS DEVICES IN TRAUMA

TRAUMA NOVA SCOTIA

RESEARCH QUESTION

How do physicians view use of intraosseous (IO) devices in trauma patients?

SIGNIFICANCE

- Clinical use of IO devices for obtaining vascular access has largely been confined to pediatric patients over the last few decades.
- The use of IO devices in the resuscitation of severly injured adult trauma patients has recently become more commonplace.

METHODS

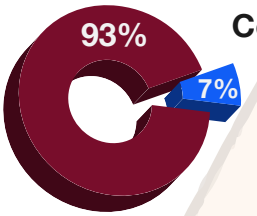
- An electronic survey of all members of national organizations in Canada (TAC, CAEP), Australia & New Zealand (ATS, ANZAST) was administered over a 2-month period in 2014.
- We analysed practitioner roles and specialties, their practice and level of training, clinical experience and comfort level with IO devices in trauma.

RESULTS

1771
Members Surveyed

24%
Response Rate

375
Physicians Included

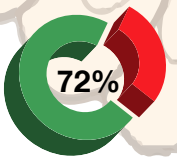


Country of Practice
- Canada
- Australia & New Zealand

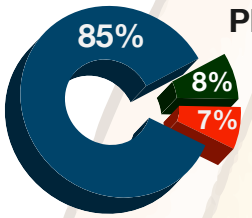
97%
of physicians had access to an IO device

98%
had previous training with an IO device

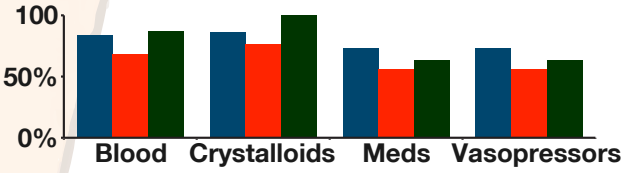
Placed IO device in an adult trauma patient within past year to establish vascular access?



Yes No



Physician Type
- Emerg. Med. (EM)
- Non-EM
- Surgeon



Proportion of physicians who indicated that IO is an acceptable route for administering blood products, crystalloids, medications, or vasopressors

TAKE HOME MESSAGE

- IO devices for the purposes of rapid vascular access are readily available to trauma practitioners in Canada, Australia and New Zealand.
- Surveyed trauma physicians believed that the indications for IO device placement could be expanded beyond current guidelines.

Source: Engels et al. Use of intraosseous devices in trauma: a survey of trauma practitioners in Canada, Australia and New Zealand. Can J Surg (2016)