



EMS Special Memorandum - #20-006

Date: August 21, 2020

To: Mendocino/ Sonoma County EMS Providers and System Stakeholders

From: Bryan Cleaver
Regional EMS Administrator

Mark Luoto, MD
Regional EMS Medical Director

Re: Interim Guidance for Intraosseous Infusion

The intent of this EMS Special Memo is to provide interim guidance for paramedic service providers regarding pain management for patients receiving intraosseous (IO) infusions.

CVEMSA recently released a major reformatting of the CVEMSA Treatment Guidelines to incorporate ALS and BLS interventions for both adult and pediatric patients into streamlined documents. Part of the streamlining was the removal of procedure guidelines specific to skills within the basic scope of practice for paramedics. At one point IO access was an optional scope procedure, but as that is no longer the case, the guideline for IO access was removed. Unfortunately the IO access guideline included Lidocaine administration, and that information was not incorporated into the revised guidelines in another location. This was an oversight; it was not the intention of the EMS Agency to remove the medication administration from the procedure.

CVEMSA will work with system partners on updating pain management protocol to incorporate specific pain control guidelines for IO infusions, but CVEMSA paramedics may utilize this interim guidance (which is consistent with previously published guidelines) until the formal policy process is complete:

Pain Management for Intraosseous (IO) Infusion

A. When establishing IO access on a conscious patient, immediately following placement of the IO needle, administer 0.5 mg/kg 2% Lidocaine (not to exceed 50 mg) slowly through the IO site. Wait approximately 30–60 seconds before flushing with normal saline.

B. In the event a patient regains consciousness and complains of severe pain secondary to the IO insertion, temporarily stop infusing the fluids, and administer 0.5 mg/kg 2% Lidocaine (not to exceed 50 mg) slowly through the IO site. Wait approximately 30–60 seconds before continuing fluid administration.

This guidance is valid through August 19, 2021 or until the CVEMSA policy workgroup updates the current pain management protocol. Interim policies promulgated via EMS Special Memos have a maximum one-year duration.