

This study compares successful IO access in adults performed by AEMTs compared to Paramedics in the prehospital setting” Wolfson et al (2016).

Abstract:

OBJECTIVE: Intraosseous (IO) access is increasingly being used as an alternative to peripheral intravenous access, which is often difficult or impossible to establish in critically ill patients in the prehospital setting. Until recently, only Paramedics performed adult IO access. In 2014, Vermont Emergency Medical Services (EMS) expanded the Advanced Emergency Medical Technicians (AEMTs) scope of practice to include IO access in adult patients. This study compares successful IO access in adults performed by AEMTs compared to Paramedics in the prehospital setting.

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METHODS: All Vermont EMS patient encounters between January 1, 2013 and November 30, 2015 were examined, and 543 adult patients with a documented IO access insertion attempt were identified. The proportion of successful IO insertions was compared between AEMTs and Paramedics using a Chi-Squared statistic and a non-inferiority test.

RESULTS: There was no significant difference in the percentage of successful IO access between AEMTs and Paramedics [95.2% and 95.6%, respectively; $P = 0.84$]. The confidence interval around this 0.4% difference (95% confidence interval = -4.2, 3.2) was within a pre-specified delta of $\pm 10\%$ indicating non-inferiority of AEMTs compared to Paramedics.

CONCLUSIONS: This study's finding that successful IO access was not different among AEMTs and Paramedics lends evidence in support of expanding the scope of practice of AEMTs to include establishing IO access in adults.

Reference:

Wolfson, D.L., Tandoh, M.A., Jindal, M., Forgiione, P.M. and Harder, V.S. (2016) Adult Intraosseous Access by Advanced EMTs: A Statewide Non-Inferiority Study. Prehospital



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