The authors present a case of a 9-month-old patient with EVD in Sierra Leone in whom an intraosseous line was lifesaving.” Paterson and Callahan (2015).

Reference:

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Abstract:

BACKGROUND: Vomiting, diarrhea, and severe dehydration are common manifestations of Ebola virus disease (EVD), leading to its high mortality. Mortality is especially high in patients older than 45 years, younger than 5 years, and in pregnant women and their fetuses. The majority of patients with EVD are not able to tolerate the quantities of oral hydration solutions necessary to rehydrate properly. Although some have speculated that IV and intraosseous lines are not practical in the austere, resource-constrained settings of an Ebola treatment unit during an epidemic, it is necessary to provide parenteral fluids and electrolyte replacements to significantly decrease mortality. Due to the inability to spend long periods of time working in hot environments wearing personal protective equipment, it is necessary to maximize the use of rapidly obtainable and safe parenteral access.
CASE REPORT: The authors present a case of a 9-month-old patient with EVD in Sierra Leone in whom an intraosseous line was lifesaving.

WHY SHOULD AN EMERGENCY PHYSICIAN BE AWARE OF THIS?: Emergency physicians respond to international crises, such as the most recent Ebola epidemic in West Africa. It is important for such responders, as well as their responding organizations, to know and understand that intraosseous access is an important and safe modality to use in patients with EVD and in the austere settings often found in disaster settings.

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