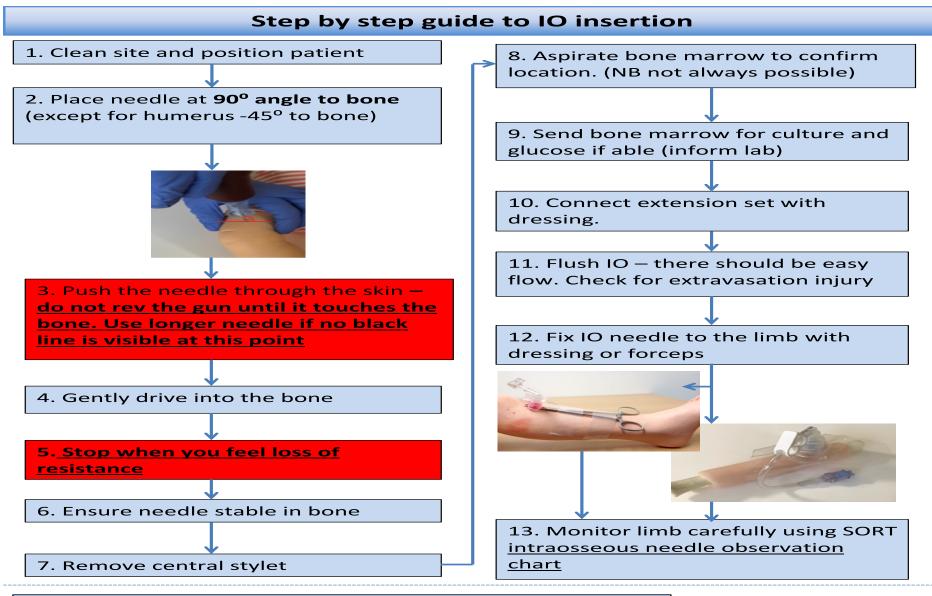
Paediatric intraosseous insertion at a glance

Neonate ∕Infant ≥3kg >40kg	NEEDLE SELECTION	insert line. *All intravenous me intraosseous line including ino CONTRAL • Fracture in the bone of • Infection at site of inse • Landmarks not identif • IO/attempted IO acce	tropes* Do not use >24hrs.
Proximal Tibia		<u>Distal Femur < 6yr old</u>	Proximal Humerus >6yr old
 1. Position: Infant: flexed knee, Adolescent: straight leg patella 2. Palpate tibial tuberosity (bony thickness below patella) 3. Insert 2-3cm below + medial to tibial tuberosity into the flat antero- medial surface of tibia 		 1. Position: straight leg. 2. Palpate 2-3cm above external condyle 3. Insertion just medial to midline to avoid tendon 	 1.Position: Elbow adducted, hand over the umbilicus 2. From the mid-shaft humerus, palpate up, toward the proximal aspect/humeral head. 3. Palpate small bony protrusion close to shoulder. 4. Insert at base of greater tubercle (Insert at 45° to bone)



IO Lignocaine Lignocaine can be used for pain relief for infusions via intraosseous needle in conscious children WITH EXTREME CAUTION Dose: 0.5 mg/kg (0.05mL/kg of 1%). Maximum 40mg. Infuse lignocaine IO over 120 seconds Wait 60 seconds to let lignocaine dwell in IO space Flush with 2-5 mL of normal saline Repeat doses are half of first dose infused over 60 seconds if needed

SORT August 2019 Review August 2022 www.sort.nhs.uk ,