

POSTER PRESENTATION

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Preferred anatomic site for intraosseous infusion in Danish emergency departments

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Background

Intraosseous infusion (IOI) is recommended when intravenous access cannot be readily established in resuscitation. There has been debate as to whether which anatomic site should be preferred for IOI. Although success and flow rates in e.g. proximal tibia compared with proximal humerus are not significant different some stress that the tibia should be first choice for IOI because of easily identifiable landmarks. We have as part of a project on IOI use in Danish emergency departments (EDs) assessed the preferred anatomic site for IOI. We hope to promote a debate concerning first choice insertion site for IOI.

Methods

Links to an online questionnaire were e-mailed to the Chief of Staff of the twenty emergency departments currently established in Denmark; non-responders were contacted by telephone. The questionnaire focused on the use of IOI in the emergency department including training, equipment, and attitudes. Results concerning preferred anatomical site are presented her.

Results

Overall response rate was 95%. Seventy four per cent of Danish emergency department have intraosseous devices. The preferred injection sites were the tibia (84%, n = 16), humerus (10%, n = 2) the medial malleolus (10%, n = 2) and 5% (n = 1) had no preference.

Conclusion

The tibia is the preferred anatomical site for IOI in Danish EDs. We believe that the preference for tibia as

first choice for IOI may reflect experiences with children were tibia this is the typical insertion site.

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