

Pediatric Intraosseous Infusion Instructions to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Please take a few moments to review the instructions for your station.

Skill Examiner Responsibilities

- Act in a professional and unbiased manner toward everyone involved in the exam, including candidates.
- Limit conversation with candidates to instructions and answering exam-related questions.
- Avoid social conversation with candidates or commenting about a candidate's performance.
- Maintain control of your scenario.
 - Familiarize yourself with the details of the scenario.
 - Brief simulated patients and assistants.
 - Make sure all equipment is functional.
- Be sure that all exam materials always remain in a secure place.
- Return all exam materials to the National Registry Representative.
 - Include all notes taken by the candidate.
- Thoroughly document justification for the candidate's score, especially if any Critical Criteria are identified.
- Do not give verbal or physical cues to the candidate of their performance. Remain neutral and objective in your conduct.

Skill Examiner Key Points

- Candidates are expected to choose equipment and medications based on current evidence-based guidelines and the national scope of practice.
- Candidates are expected to perform the skill as would a competent entry-level provider.
- The chronological order in which a candidate performs each step in a skill is only important if clinically relevant.
- Reasonable equipment substitutions are acceptable. Direct any questions regarding equipment substitutions to the National Registry Representative.
- Report all equipment failures immediately to the National Registry Representative, and promptly replace defective equipment.

Pediatric Intraosseous Infusion

Skill Examiner Key Points

- Manually inserted devices, spring-loaded devices, and electric drill-type devices which are approved for use in pediatric patients are permitted in this skill.
- This skill must be performed on a manikin designed to accept an intraosseous device. Biological tissue (i.e. chicken legs) is prohibited.
- Ensure that safe practices are followed that include proper hand placement during stabilization and needle insertion.
- This skill may be paired with Intravenous Therapy and Intravenous Bolus Medication. If they are paired, ensure that the equipment for all skills is available at the station.

Equipment List

Do not open this skill station until the following equipment is available. All equipment must be disassembled before accepting a candidate for evaluation. Ensure that all equipment is working properly throughout the exam.

- Personal protective equipment
- Intraosseous infusion manikin with replacement tibias
- Selection of IV solutions (may be expired)
- Selection of IV Administration sets [must include microdrip tubing (60 gtt/cc)]
- IV extension tubing or 3-way stopcock
- Selection of IV catheters (can use small (20 – 22 gauge.)
- Intraosseous needles
- Commercial IO securing device or tape with bulky dressings
- Alcohol preps or similar substitute
- Approved sharps container

Read the following instructions to all Advanced EMT candidates:

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PEDIATRIC INTRAOSSEOUS INFUSION SKILL STATION

Welcome to the Pediatric Intraosseous Infusion skill station. This skill is designed to test your ability to establish an intraosseous infusion for a pediatric patient just as you would in the field. You will have a maximum of two attempts to establish a patent and flowing intraosseous infusion within a six-minute time limit. Within this time limit, you will be required to properly administer fluid to a pediatric patient just as you would in the field based on a given scenario. Although we are using the manikin, you should conduct yourself as if this were a real patient. You should assume that I am the parent of this patient and may ask me any questions you would normally ask in this situation. Do you have any questions?

The patient you are treating is... [Alternate scenarios below between each candidate:]

-A 6-month-old child who was just removed from a burning house. The patient has deep superficial and full thickness burns to the arms and chest. The patient is tachycardic with other signs of inadequate perfusion. Your partner has secured an airway and your standing orders require fluid to be administered through an intraosseous IV catheter at a rate of 20 mL/kg. The child weighs 15 pounds.

-An 8-month-old child who has had diarrhea and decreased fluid intake for the past two days. There are signs of circulatory compromise and your standing orders require fluid to be administered through an intraosseous IV catheter at a rate of 20 mL/kg. The child weighs 20 pounds.