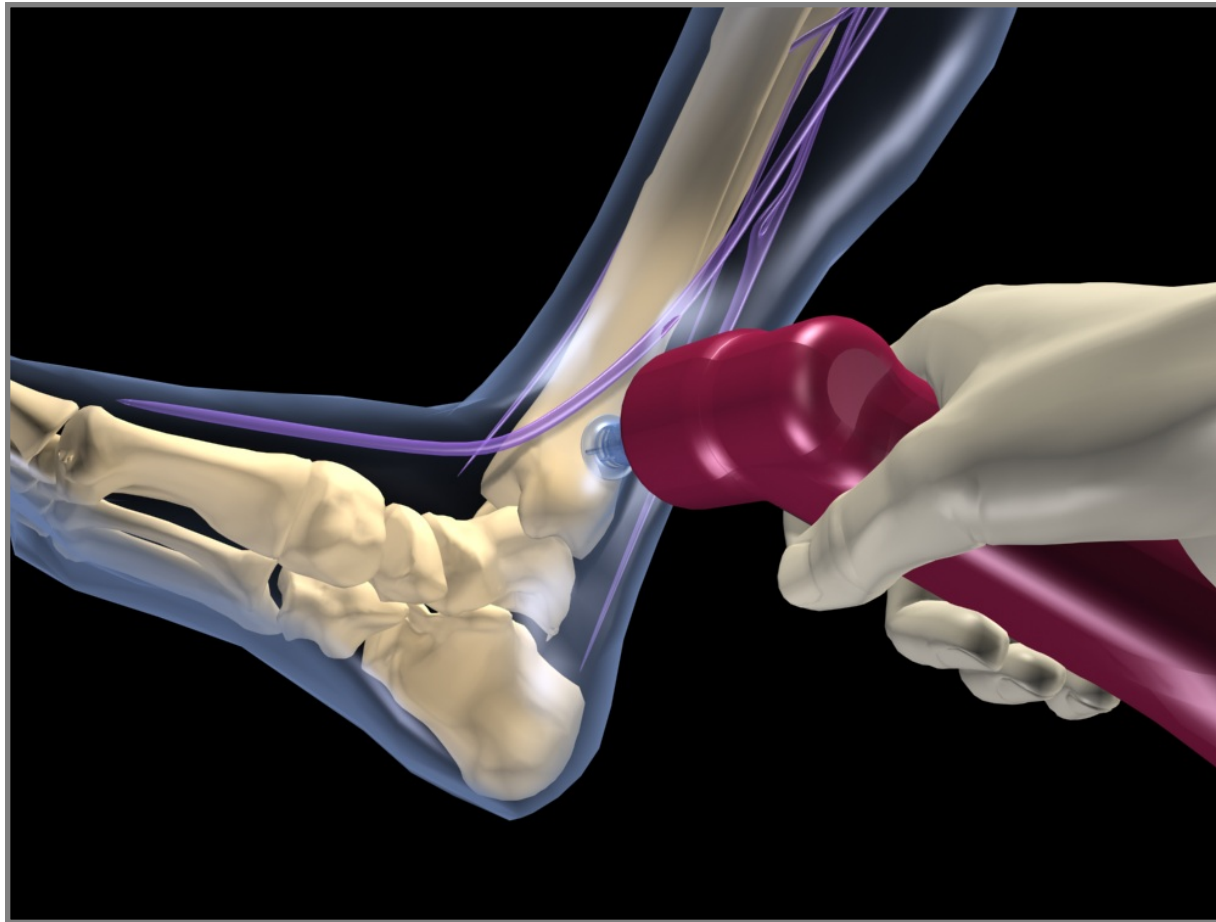


EZ-IO AD Distal Tibial Access



Training Program

Indications for Distal Tibial Access

- Altered level of consciousness
- Respiratory compromise
- Hemodynamic instability



To gain immediate vascular access in an emergency

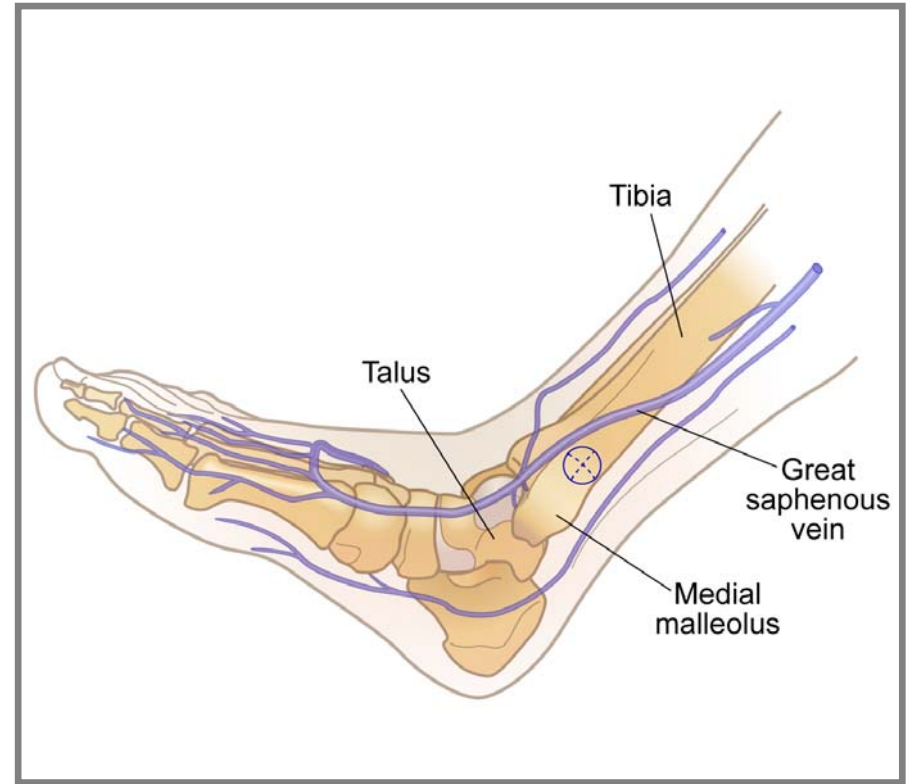
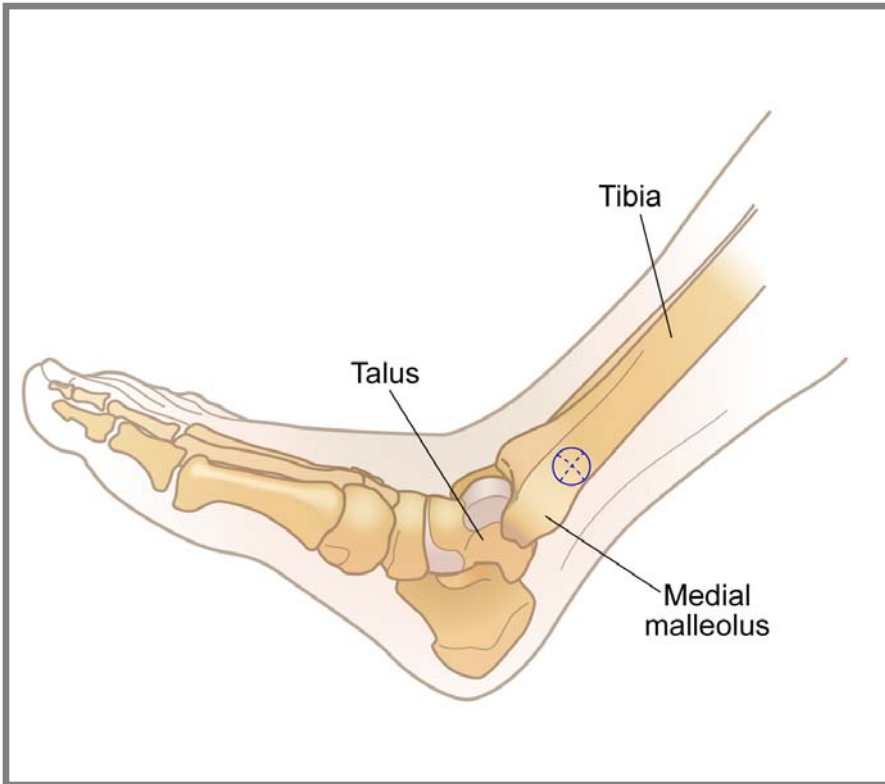
Contraindications for Distal Tibial Access

- Fracture (targeted bone)
- Previous orthopedic procedures near insertion site
(IO within past 24 hours/Prosthetic Limb or joint)
- Infection at the insertion site
- Inability to locate landmarks or excessive tissue

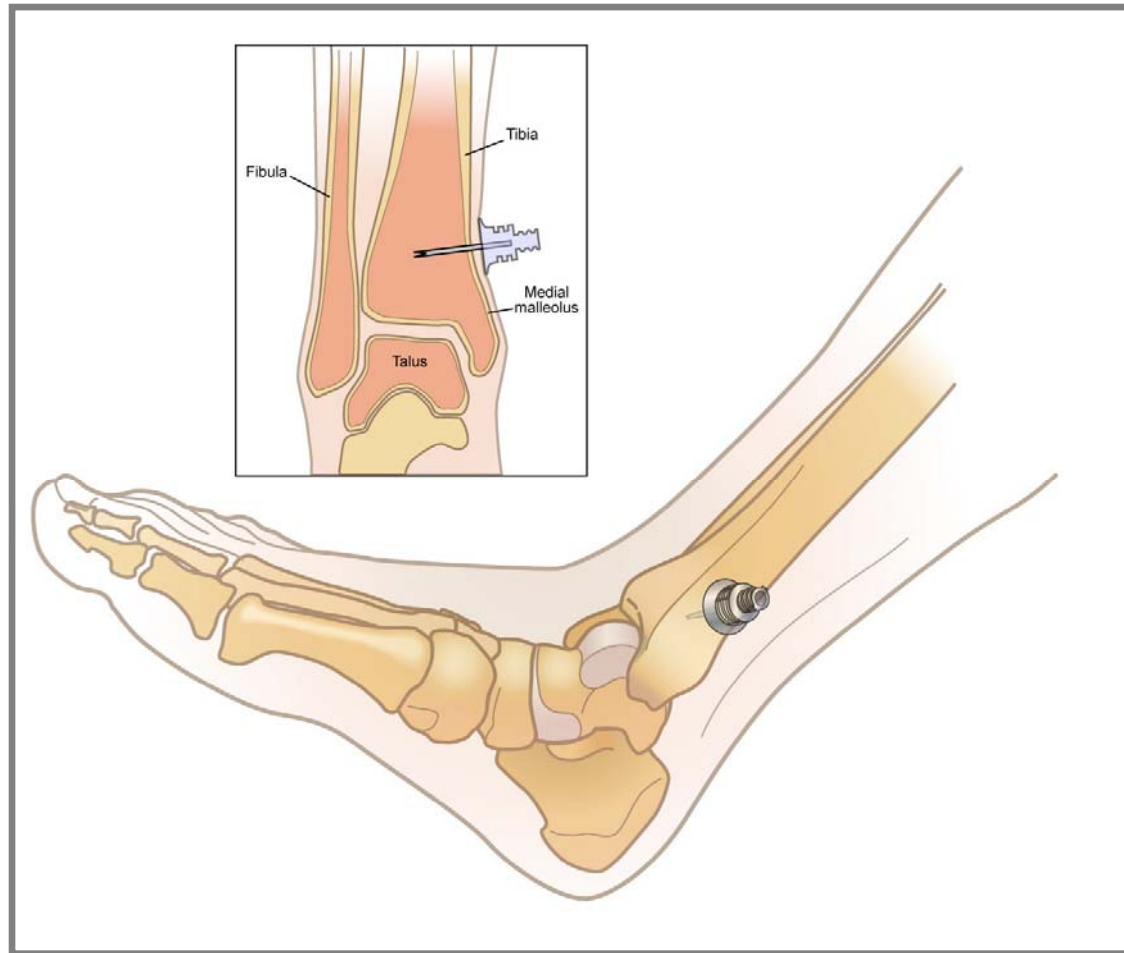
Observe Body Substance Isolation Precautions



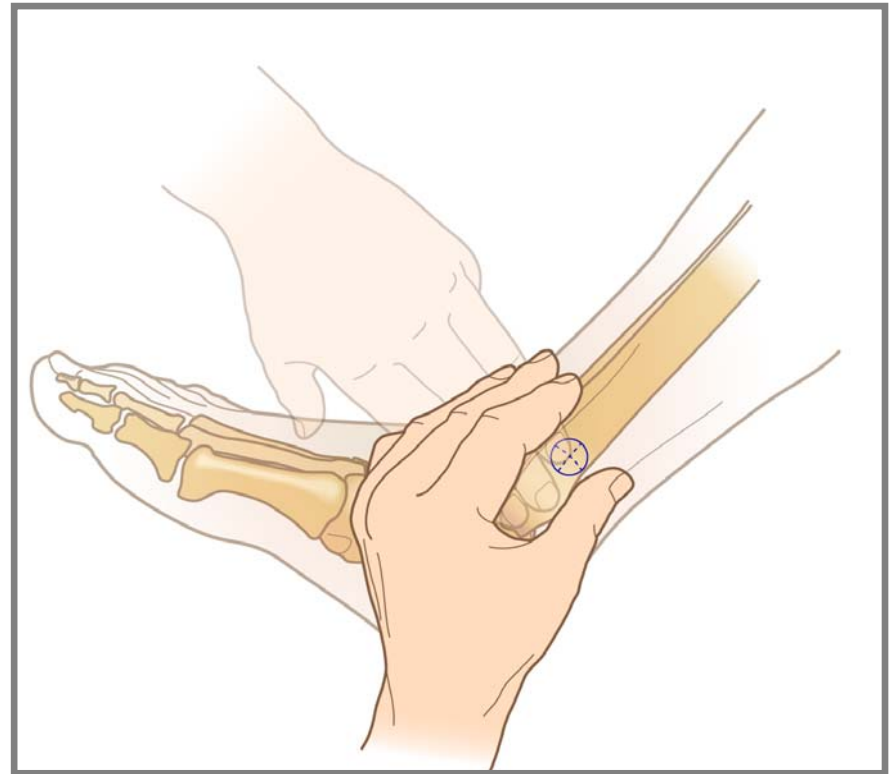
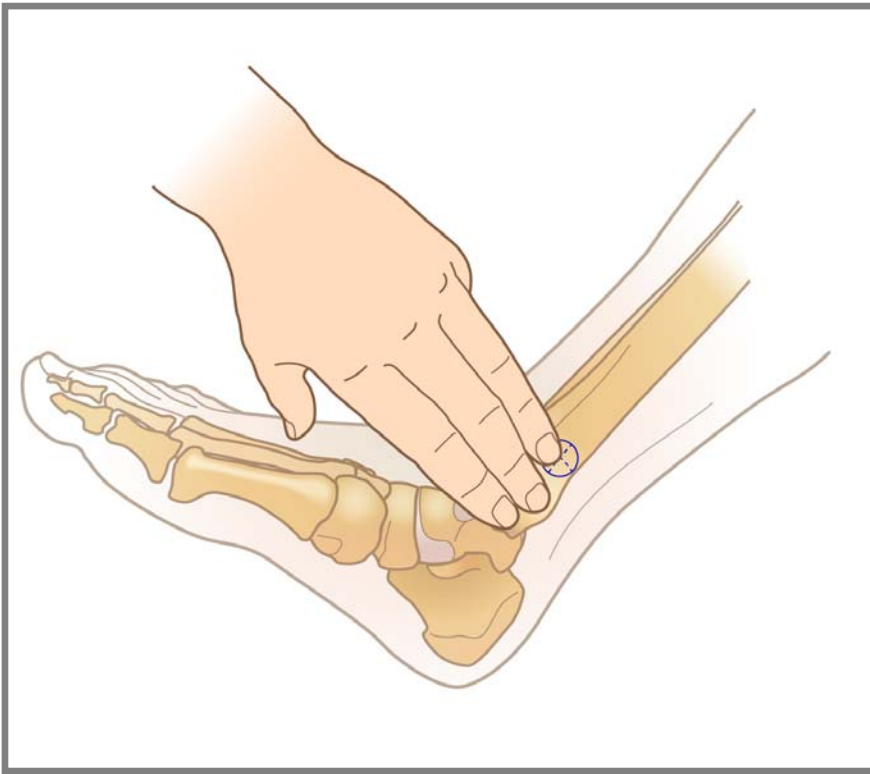
Distal Tibial Anatomy



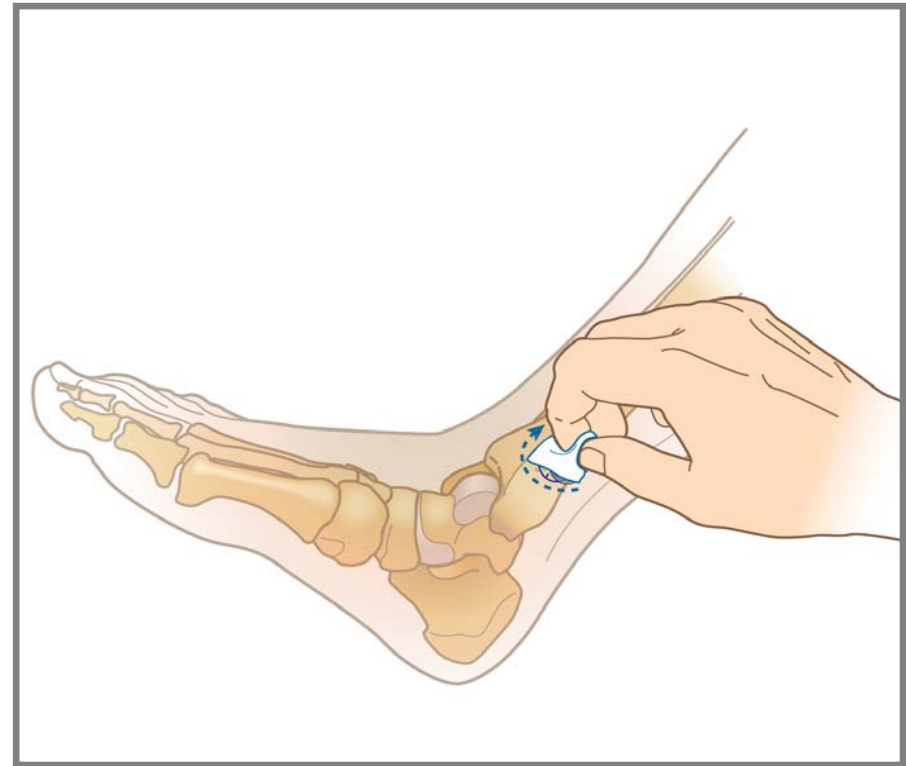
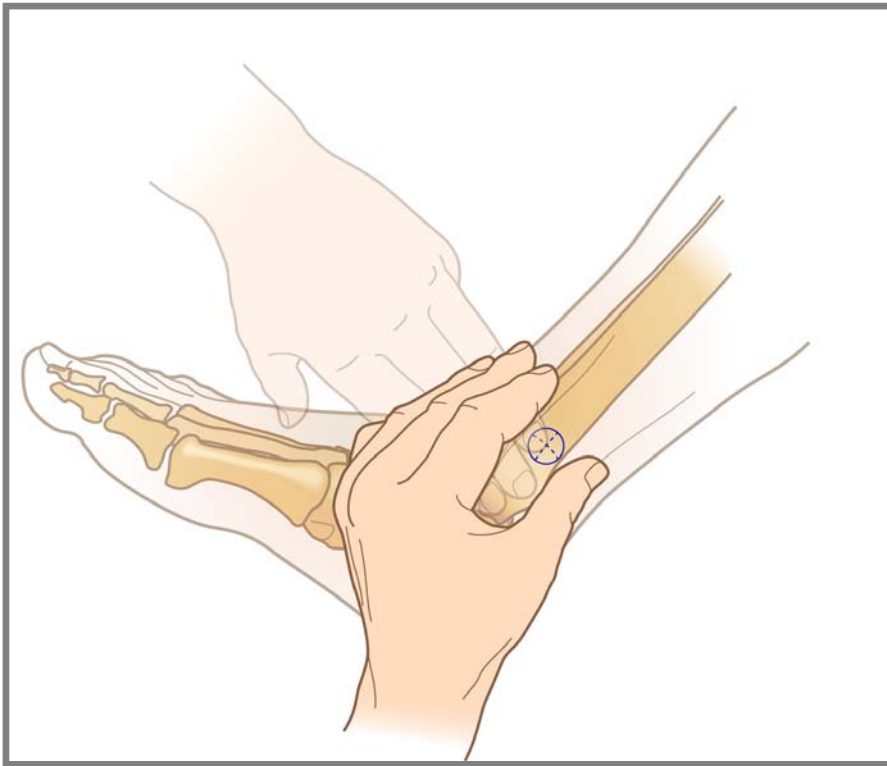
The ankle joint is comprised of the Tibia, Talus and Fibula



Identify the insertion site

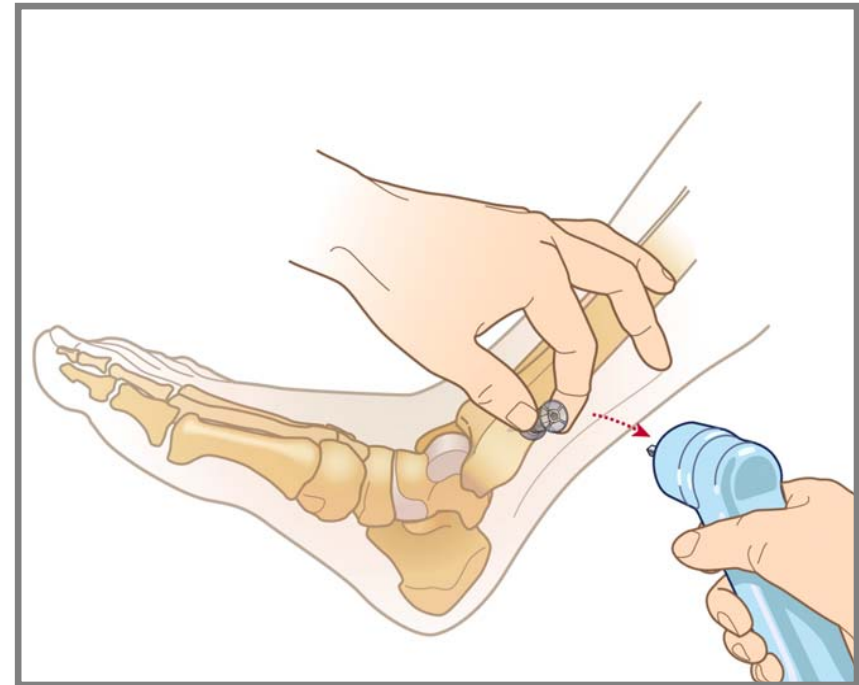
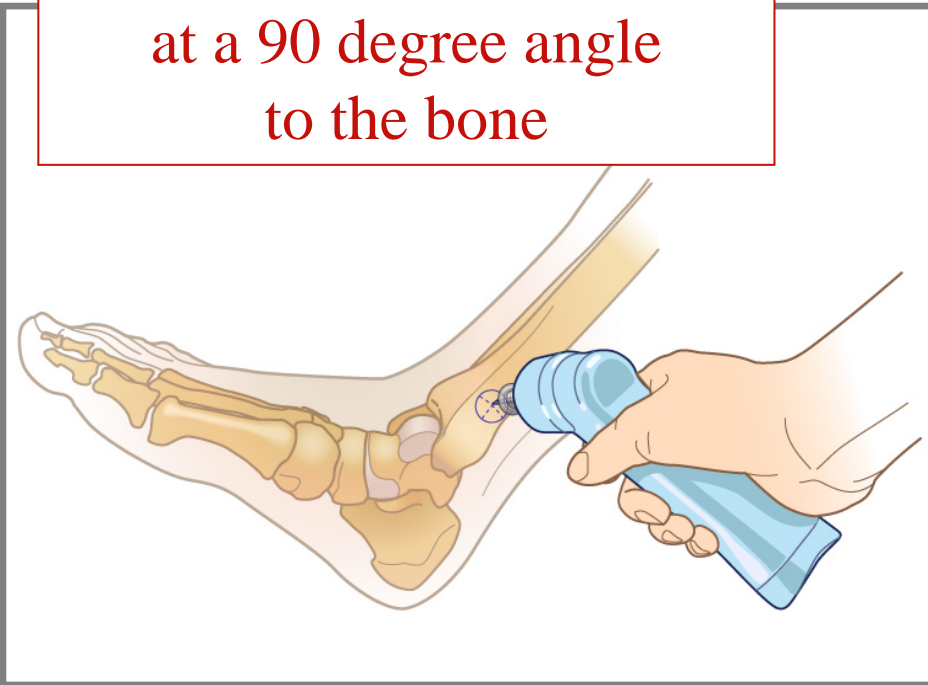


Confirm and clean insertion site

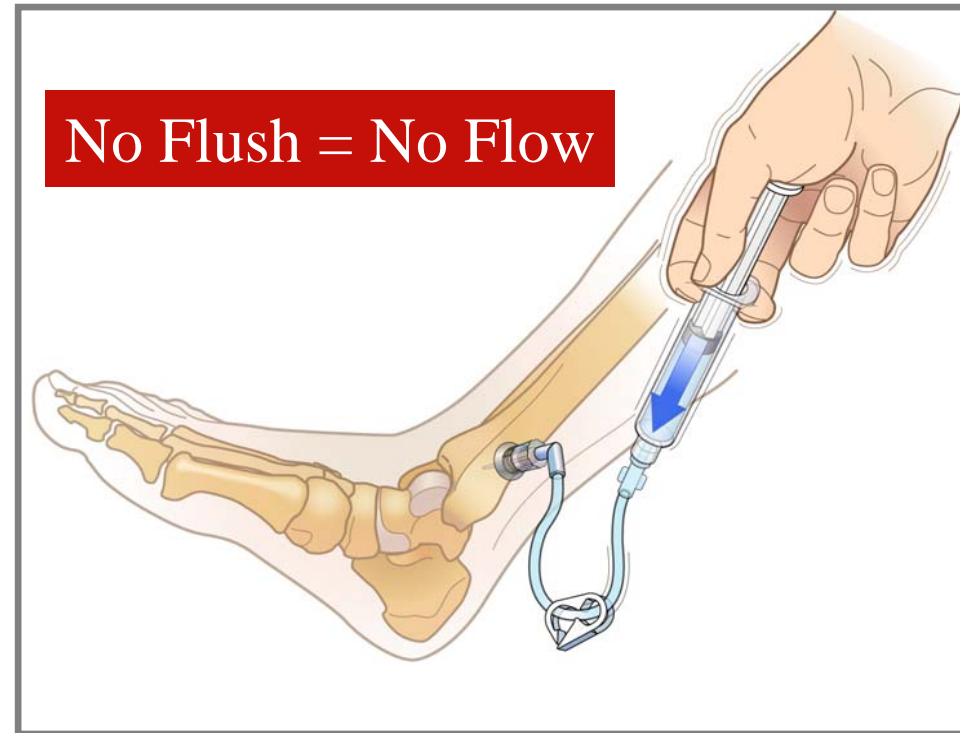
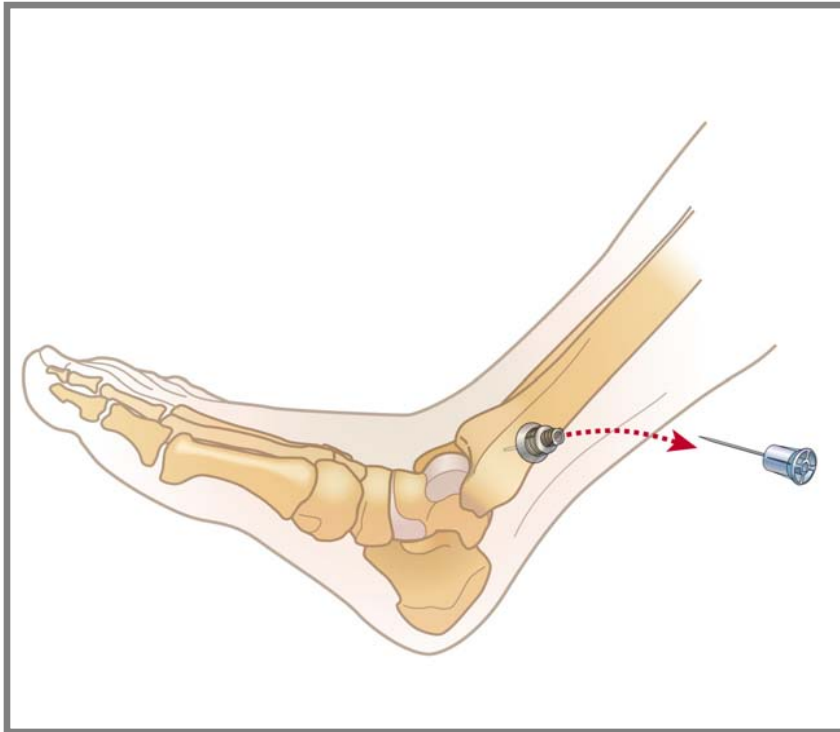


Insert EZ-IO needle set

Position the EZ-IO Driver
at a 90 degree angle
to the bone

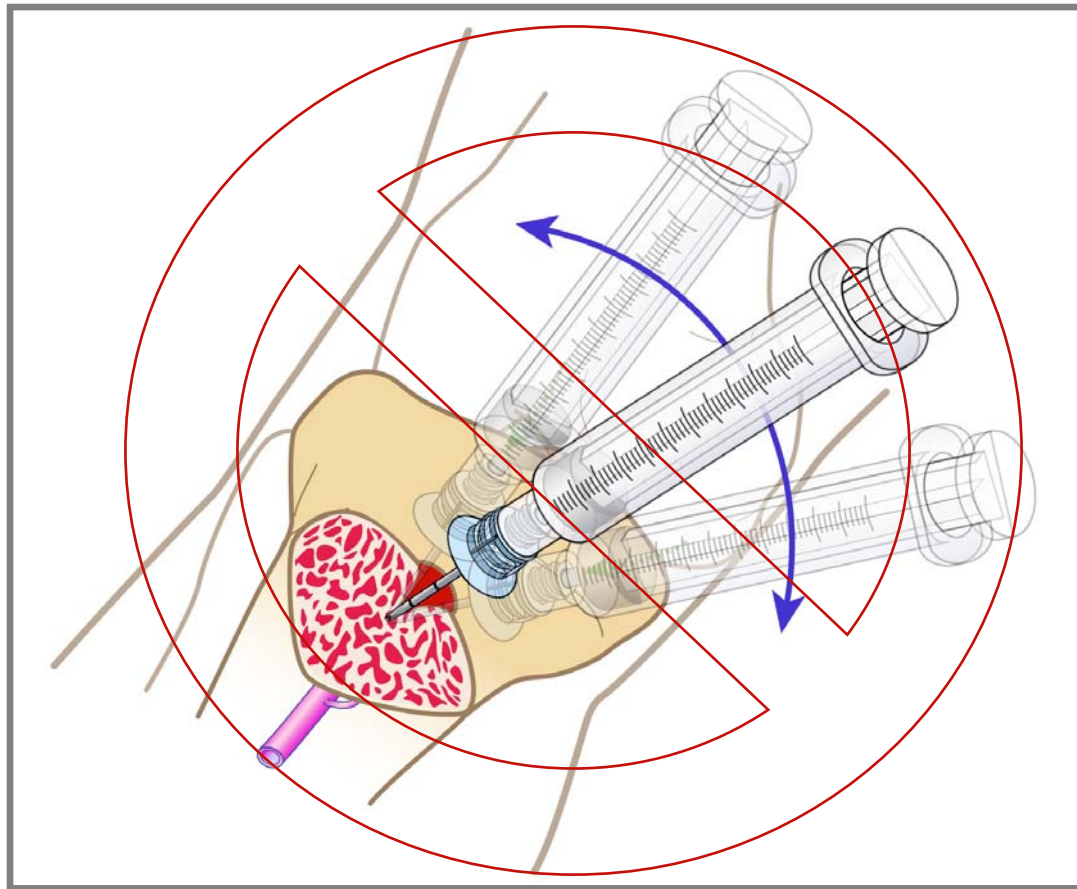


Remove stylet and syringe flush catheter



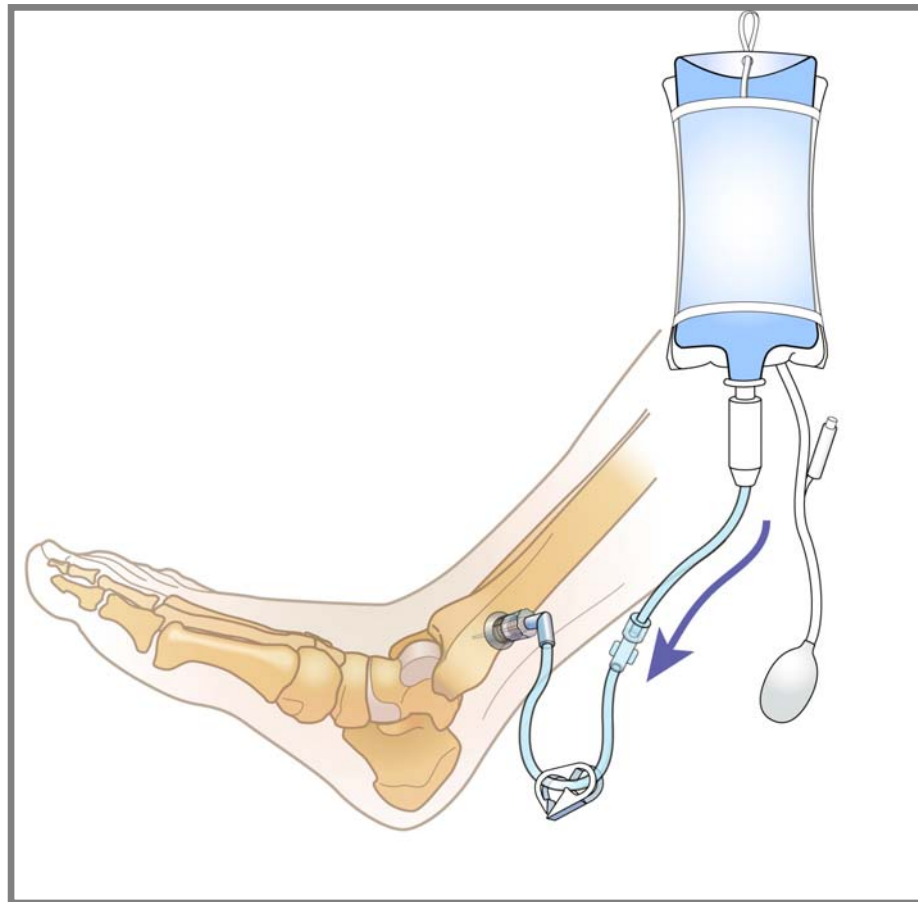
Syringe flush the catheter with 10 ml of a sterile solution

Avoid rocking the EZ-IO catheter during usage

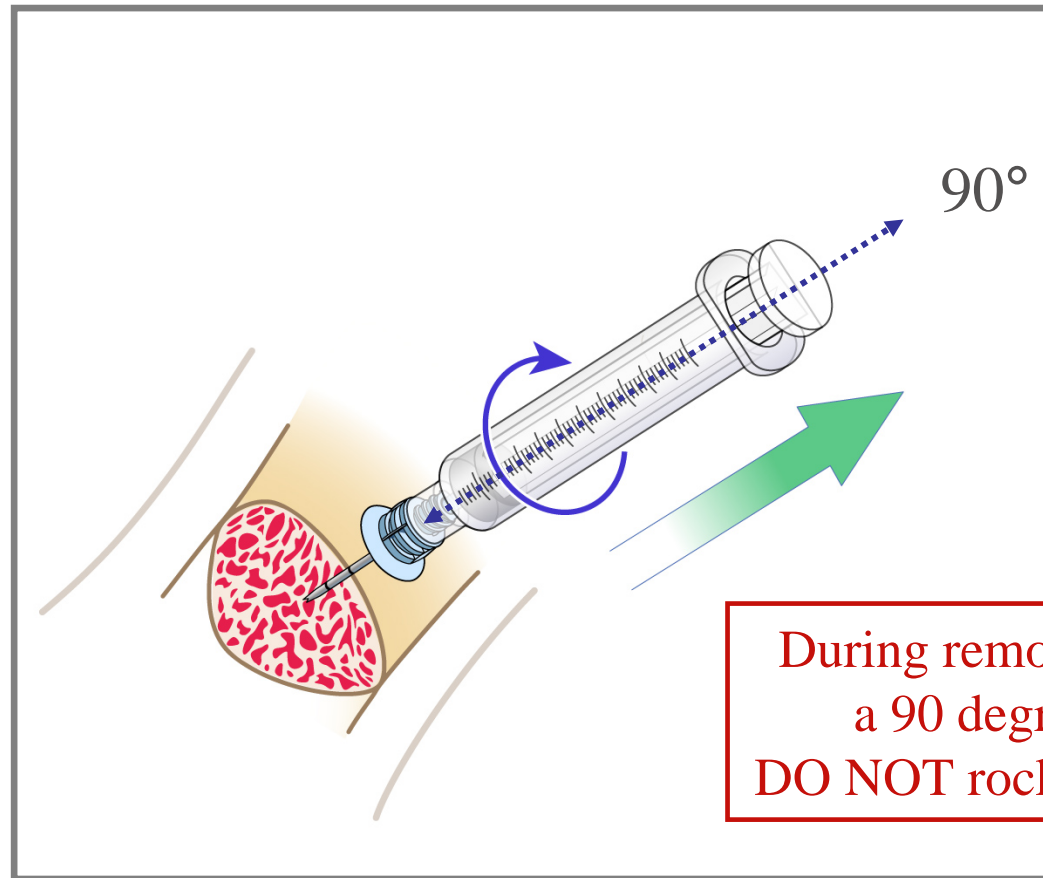


Use the EZ-Connect supplied with the needle set!

Begin infusion with pressure



To remove the EZ-IO catheter from ANY APPROVED location attach a sterile syringe then rotate slowly clockwise - while gently pulling.



Remove the catheter within 24 hours