

IDAHO EMS for CHILDREN EZ-IO PEDIATRIC NEEDLE REPLACEMENT PROGRAM



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Health Resources and Services Administration, Maternal and Child Health Bureau

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PROGRAM INFORMATION

Background: In January 2009, the Idaho EMS for Children (EMSC) Program surveyed Idaho licensed ILS and ALS agency training officers about EZ-IO equipment (www.vidacare.com). We received a 59% response rate, with positive comments regarding the usage of and need for the EZ-IO equipment. Many agencies were concerned about the ability to sustain usage of the equipment due to the cost of replacing the needles (\$500 for a set of five). The survey results, along with the comments/concerns, were reviewed with the Idaho EMSC Subcommittee.

Using EMSC funds, the subcommittee decided to purchase EZ-IO drills and pediatric needles and grant them to as many Idaho licensed EMS agencies as possible.

Purpose: Based on the concern that use of the EZ-IO could not be sustained due to the prohibitive cost of replacement needles, replacement pediatric-sized needles will be made available to Idaho licensed EMS agencies. Agencies that send in patient care documentation showing when a pediatric IO was placed will be sent a new pediatric needle. Please keep in mind that we will not be supplying adult-sized needles. Replacement needles will be available to all agencies in Idaho; we will not limit this program just to those agencies who received a drill from the EMSC Program.

REPLACEMENT PEDIATRIC NEEDLE REQUEST GUIDELINES

1. The Idaho EMSC Program has discretion in approving or denying pediatric needle replacement requests
2. Incomplete or illegible requests will be returned to the requestor
3. All requests must include the following properly completed sections:
 - a. Organization Information
 - b. EZ-IO Pediatric Needle Usage
 - c. Copy of the patient care report showing usage of a pediatric EZ-IO needle (deidentified)
4. Return the EZ-IO Pediatric Needle Replacement Request to:

Erin Shumard
Idaho EMS Bureau
PO Box 83720
Boise, ID 83720-0036
Fax: (208)334-4015
Email: shumarde@dhw.idaho.gov
5. The request will be reviewed by the EMSC Program
 - a. Replacement needles, or denial/request for more information letters, will be sent to agency requestors within three weeks of replacement needle request receipt

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ORGANIZATION INFORMATION

EMS Agency Name	Agency ID	Federal Tax/Employer ID Number	
Shipping Address			
City	State	Zip	County
EMS Agency Administrator	Email Address		Telephone
Contact Person <i>(if different than above)</i>	Email Address		Telephone

EZ-IO PEDIATRIC NEEDLE USAGE

(use one form per patient care report)

Date Pediatric Needle Used:	Requesting How Many Needles?	Copy of Patient Care Report Showing EZ-IO Usage Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMSC PROGRAM USE ONLY

Date Form Received:	Number of Needles Sent:	Date Sent:	Date Received:
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