

## ARROW EZ-IO Intraosseous Vascular Access System **Exam Template**

1. Which	h of the statements	concerning placemen	t of the EZ-IO	Vascular /	Access Svs	stem are correct?
----------	---------------------	---------------------	----------------	------------	------------	-------------------

- a) Avoid excessive pressure on driver during insertion
- b) Apply the EZ-Stablizer Dressing after removal of the stylet
- c) The EZ-Connect Extension Set should be primed
- d) Monitor the extremity/site frequently for signs of complications
- e) All of the above
- 2. For patients that respond to pain, consider using 2% lidocaine (preservative and epinephrine free) IO prior to initial flush.
  - a) True
  - b) False
- 3. Pain management for patients who are alert or responsive to pain may include regular periodic assessment for pain response AND PRN infusions of lidocaine following medical protocols.
  - a) True
  - b) False
- 4. The EZ-IO Vascular Access System may be considered for use in the following situations/patients:
  - a) Anytime vascular access is difficult
  - b) When there is an urgent, emergent or medically necessary need for vascular access
  - c) As a bridge to a central venous catheter or PICC placement
  - d) All of the above
- 5. Several studies and articles suggest the humerus may be a superior site for flow rates, drug delivery and management of infusion pain.
  - a) True
  - b) False
- 6. Which of the following is NOT a contraindication for use:
  - a) Infection at the insertion site
  - b) Recent fracture of the target bone
  - c) Previous IO in target bone within 48 hours
  - d) Presence of prosthesis or hardware at site
  - e) Anticoagulant use by patient
- 7. You have inserted the needle set into the soft tissue and have not reached the bone, and cannot see a black line on the needle remaining outside the patient's skin.

  You should: stop and choose a longer needle length OR consider selecting a different IO site.
  - a) True
  - b) False



## ARROW EZ-IO Intraosseous Vascular Access System **Exam Template**

9. Optimal flow rates can be obtained using gravity drip rates.

a) Trueb) False

b) False

a) Trueb) False

8. In the event of an emergency, product failure, or need for immediate assistance; clinicians should call the emergency phone number listed on the wristband or removal poster.

<ul><li>10. A rapid syringe bolus (flush) of the EZ-IO Catheter will facilitate optimal flow.</li><li>a) True</li><li>b) False</li></ul>
<ul><li>11. Studies have shown that infusions via the proximal humerus IO site generally have a faster flow rate compared to tibial insertion sites.</li><li>a) True</li><li>b) False</li></ul>
12. Insertion of EZ-IO Vascular Access is a sterile procedure requiring sterile gloves, mask and gown.  a) True b) False
<ul><li>13. The 45 mm needle set is recommended for proximal humerus insertion on patients weighing greater than 40 kg.</li><li>a) True</li><li>b) False</li></ul>
<ul> <li>14. Pain management for patients who are alert/responsive to pain may include (select all that apply):</li> <li>a) Regular assessment for pain response</li> <li>b) One time only administration of 2% lidocaine</li> <li>c) 2% lidocaine per MD order/hospital protocol</li> <li>d) Pain should not be an issue, there is no perceivable pain</li> </ul>
15. Care and maintenance of the insertion site (with catheter in place) includes (select all that apply):  a) Securing with an EZ-Stablizer Dressing b) Periodic, regular assessment of the site c) Soaking the driver in antimicrobial solutions between use d) Identifying how long the needle should remain in place

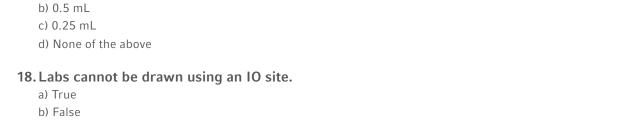
16. If you are unable to aspirate blood when confirming placement, you should attempt to flush the

IO while assessing for evidence of extravasation.



## ARROW F7-IO Intraosseous Vascular Access System

11111	<b>,</b> , ,		10	111111111111111111111111111111111111111	, as carar	110000	Joceth
Exam <sup>*</sup>	Tem	plate					



19. The 25 mm needle set can ONLY be used in adult patients.

17. The EZ-Connect Extension Set primes with approximately:

a) True

a) 1.0 mL

- b) False
- 20. To remove the catheter, attach a luer-lock syringe to the hub and rotate the syringe and catheter clockwise while pulling straight out.
  - a) True
  - b) False

The use of any medication, including lidocaine, given IV or IO is the responsibility of the treating physician, medical director or qualified prescriber and not an official recommendation of Teleflex Incorporated or its subsidiaries. Teleflex is not the manufacturer of lidocaine, and the user should be familiar with the manufacturer's instructions or directions for use for all indications, side-effects, contraindications, precautions and warnings of lidocaine. Teleflex disclaims all liability for the use, application or interpretation of the use of this information in the medical treatment of any patient. Lidocaine dosing recommendations were developed based on research; for additional information, please visit www.eziocomfort.com

This material is not intended to replace standard clinical education and training by Teleflex Incorporated, and should be utilized as an adjunct to more detailed information which is available about the proper use of the product. View educational resources at www.teleflex.com/ezioeducation or contact a Teleflex clinical professional for any detailed questions related to product insertion, maintenance, removal and other clinical education information.

Teleflex, Arrow, EZ-Connect, EZ-IO, and EZ-Stabilizer are trademarks or registered trademarks of Teleflex Incorporated or its affiliates. © 2020 Teleflex Incorporated. All rights reserved. MCI-2019-0397 · 01 20 PDF