The National Association of EMS Physicians (NAEMSP) recognizes that many patients in the prehospital environment require intravascular access by EMS providers for fluid resuscitation or delivery of medications. Establishing intravenous access may be difficult or impossible in some patients. Although the peripheral intravenous line is the preferred initial route for vascular access in most situations, the use of intravenous (IV) vascular access has been well-established as a rapid method of providing fluids and medications to patients who require these treatments. Several acceptable methods of attaining IV access are now available to EMS agencies. In addition to its secondary role, IV access may be appropriate for primary vascular access in selected cases.

The National Association of EMS Physicians recommends that:

- EMS agencies that provide advanced level care should provide at least one method of IO access for pediatric patients, and each agency should also consider providing at least one method of IO access for adult patients.
- EMS agencies using IO access must have, at a minimum:
  - Involvement of the medical director in determining which method of IO access is appropriate for the system.
  - Medical oversight to ensure adequate training and to verify competence in the use of any chosen IO device.
  - Medical protocols that include specific criteria for the appropriate clinical application of intraosseous access.
- Continuing quality assurance improvement initiatives to ensure appropriate clinical application of IO access.
- Both initial education and continuing education providing for verification of skills and ongoing demonstration of competence.
- Resources for storage of the devices and provision for inventory control.
- EMS providers performing IO access require adequate initial and continuing training, knowledge, and experience in the technique specific to the method or device being utilized.
- Further EMS research is essential to continue to define both the use of intravascular access generally as well as the use of IO access specifically in out-of-hospital patients.

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