Aortic Occlusion (AO) Procedure Notes: REBOA or Resuscitative Thoracotomy

Complete all items that apply. Include in Patient's Medical Record. Upload into TMDS. Leave blank unknown or unavailable items. Note time in hh:mm format.

Patient Last Name | First Name | Last 4 SS# | Age | Sex ◯ M ◯ F | Date/time of Injury

Date/time of arrival to AO MTF | 1st MTF from POI? ◯ Yes ◯ No | Type of MTF ☐ Austere surgical team ☐ Role 2 FRST/FST ☐ Role 3

Type of Injury (select all that apply) ☐ Penetrating ☐ Blunt ☐ Burn ☐ Other (specify)

Body region (select all that apply) ☐ Right chest ☐ Left chest ☐ Head ☐ Neck ☐ Mediastinum ☐ Abdomen ☐ Pelvis ☐ Upper limb(s) ☐ Lower limb(s)

Mechanism of Injury (select all that apply) ☐ GSW ☐ Blast ☐ Mounted IED ☐ Dismounted IED ☐ Vehicle crash ☐ Other (specify)

POI Vitals 1st SBP | 1st HR | 1st GCS | Prehospital CPR required Yes ◯ No ◯

Assessment SBP | HR | GCS | Temp | Distal pulse palpation prior to insertion Yes ◯ No ◯

Presence of signs of life (select all that apply) ☐ Palpable pulse ☐ Organized cardiac activity on monitor ☐ Organized cardiac activity on ultrasound

CPR in progress upon arrival Yes ☐ No ☐ | Total duration of CPR (prehospital & hospital, in minutes)

(E) FAST ultrasound results ☐ Negative (select sites that were positive) **CXR results** ☐ Negative (select all positive CXR results that apply)

☐ Pericardium ☐ Right chest ☐ Left chest ☐ RUQ ☐ LUQ ☐ Pelvis ☐ Pneumothorax ☐ R ☐ L ☐ Hemothorax ☐ R ☐ L ☐ Mediastinal Injury

Chest tube output ☐ Right | cc ☐ Left | cc ☐ Chest tube not placed

Initial labs Hgb (mg/dL) | INR | pH | Base deficit +/- | Lactate (mg/dL)

AO Initiation ☐ Open ☐ REBOA | Was active CPR ongoing during initial AO attempt? Yes ☐ No ☐ | Date/time of AO initiation

Why was this type of AO selected? (select all that apply) ☐ Provider preference ☐ REBOA contraindicated ☐ Thoracotomy not indicated ☐ REBOA supplies not available ☐ Not trained in REBOA

REBOA technical features Partial ☐ Complete ☐

Initial catheter diameter size:

18 Ga ☐ 4 Fr ☐ 5 Fr ☐ 7 Fr ☐

Volume required to inflate balloon | cc

Was successful AO achieved? Yes ☐ No ☐

Was hemodynamics improved with AO? Yes ☐ No ☐

Inflation technique ☐ Full ☐ Partial ☐ Intermittent

Immediate post inflation vital signs

SBP | HR | GCS

Insertion site: Right ☐ Left ☐ ☐ Common Femoral ☐ Other

Was initial catheter upsized? Yes ☐ final size= | No ☐

Where was balloon deployed?

☐ Zone I (Origin of left subclavian artery to the celiac artery)

☐ Zone III (Lowest renal artery to the aortic bifurcation)

Duration of AO (by balloon inflation or clamp time, in minutes):

Deflation technique ☐ Full ☐ Gradual

Date/time of REBOA sheath removal | Total inflation time

Complications (select all that apply)

- ☐ Death
- ☐ Extremity ischemia
- ☐ Amputation secondary to REBOA use
- ☐ Pulmonary embolism
- ☐ DVT
- ☐ Renal failure
- ☐ Infection
- ☐ Hematoma
- ☐ Stenosis
- ☐ Arteriovenous fistula
- ☐ Need for arterial bypass
- ☐ Pseudoaneurysm
- ☐ Dissection at insertion site
- ☐ Need for patch angioplasty
- ☐ Vessel injuries (aortic dissection, rupture, perforation)
- ☐ AO technique issue
- ☐ Device malfunctions
- ☐ Other complications

Comments

Provider Name | Provider Specialty