

## **PRACTICE GUIDELINES: ER-REBOA**

### OBJECTIVES:

1. Define the indications for use of the REBOA

### DEFINITIONS:

ER - Eliason and Rasmussen not "Emergency Room".

### INDICATIONS:

1. Exanguinating noncompressible torso hemorrhage
2. Bleeding from torso vessels, solid organs, and the bony pelvis
3. Direct pressure cannot be applied quickly
4. Vascular control cannot be rapidly achieved
5. REBOA is a temporary, minimally invasive bridge to definitive control
6. SBP  $\leq$  90
7. No evidence of thoracic trauma – REBOA has the potential to increase bleeding in the thorax
8. Transient or no response to resuscitation including blood and blood products

### GUIDELINES:

1. Rapidly determine the etiology of the hemorrhage – mechanism and pattern of injury
2. Presence of pulse
3. Duration of cardiac arrest
4. Narrow complex rhythm present
5. Presence or absence of thoracic hemorrhage (thoracic trauma is an absolute contraindication)
6. If pulse is present with an SBP < 90, follow algorithm for this
7. If pulse is not present, follow Cardiac Arrest algorithm

### PI Audit:

Review is done on all REBOA cases at this time.