

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 Gender 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

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)

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

Comments

Provider Name Provider Specialty