

**UAMS MEDICAL CENTER  
TRAUMA SERVICES MANUAL**

**SUBJECT:** Emergent Interventional Radiology Clinical Management Guideline

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**RECOMMENDATION(S):** Dr. Ron Robertson

**APPROVAL:** 05/20/2016

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**EFFECTIVE:** 05/20/2016

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**PURPOSE:**

To provide a guideline for emergency Interventional Radiology (IR) intervention.

**GUIDELINE:**

1. An emergent IR consultation will be initiated for conditions which warrant emergent intervention for evidence of or suspicion of active arterial bleeding. This may include the following conditions or other circumstances as determined by the Trauma Attending in consultation with the IR attending:
  - Patient with active extravasation in a solid organ injury
  - Active extravasation in a pelvic fracture injury
2. The radiologist capable of initiating the procedure has a 30-minute response requirement

**PROCEDURE:**

1. Upon determination of the need for IR services the Trauma Team will place an interventional radiology request and indicated that it is for an emergent intervention in the comments.
2. The trauma team will call the in house radiology resident and notify them of the need for emergent IR services.
3. The IR fellow or attending will call the Trauma Team back for further clarification as necessary.
4. Upon arrival the IR attending will document their arrival and include the notification and arrival times in the procedure dictation.
5. The IR team will call when ready for the patient.
6. Patients going to IR will be accompanied by a member of the trauma team