

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: EMBO-STAT Guideline

PAGE: 1 of 3

REVIEWED/UPDATED: new

EFFECTIVE: 7/20/2023

RECOMMENDATION(S): M.E. Meek

APPROVAL: 7/20/2023

CONCURRENCE(S): IR Faculty, Trauma Faculty

PURPOSE:

To help assure that patients experiencing life-threatening hemorrhage have timely access to embolization treatments.

INDICATIONS:

1. Life threatening intra-operative bleeding
2. Active arterial extravasation on imaging with evidence of hemodynamic compromise
3. GI Bleeding that has not been completely assessed with imaging and/or endoscopy will NOT be an indication for EMBO-stat

PROCEDURE:

1. Applies to all ED patients & UAMS Inpatients.
2. EMBO-STAT cases are automatically designated Level 1 cases for anesthesia.
3. The trauma or inpatient attending shall call the IR attending directly and request consultation for an emergent embolization. The IR attending shall review the images and clinical situation.
4. If approved, the IR attending will contact the IR Radiology Technologist, the IR RN, and the Anesthesia Attending to activate the team. The time that the IR attending decides to proceed with embolization shall be the documented referral time.
5. The EMBO stat order will be placed in EPIC by an IR team member.
6. Consent will attempt to be obtained from family. If not available within the time window, emergency consent will be designated, and the procedure will continue.
7. When ready, the IR Team will alert Anesthesia to bring the patient.
8. Rm 8 is 1st choice if available. If Rm 8 is not available, IR attending to decide.
9. The arterial puncture time will be recorded.
10. The referral time and the puncture time will be documented by the IR physicians.

PERFORMANCE MONITORING:

1. Time from EMBO-STAT approval to puncture \leq 60 minutes.