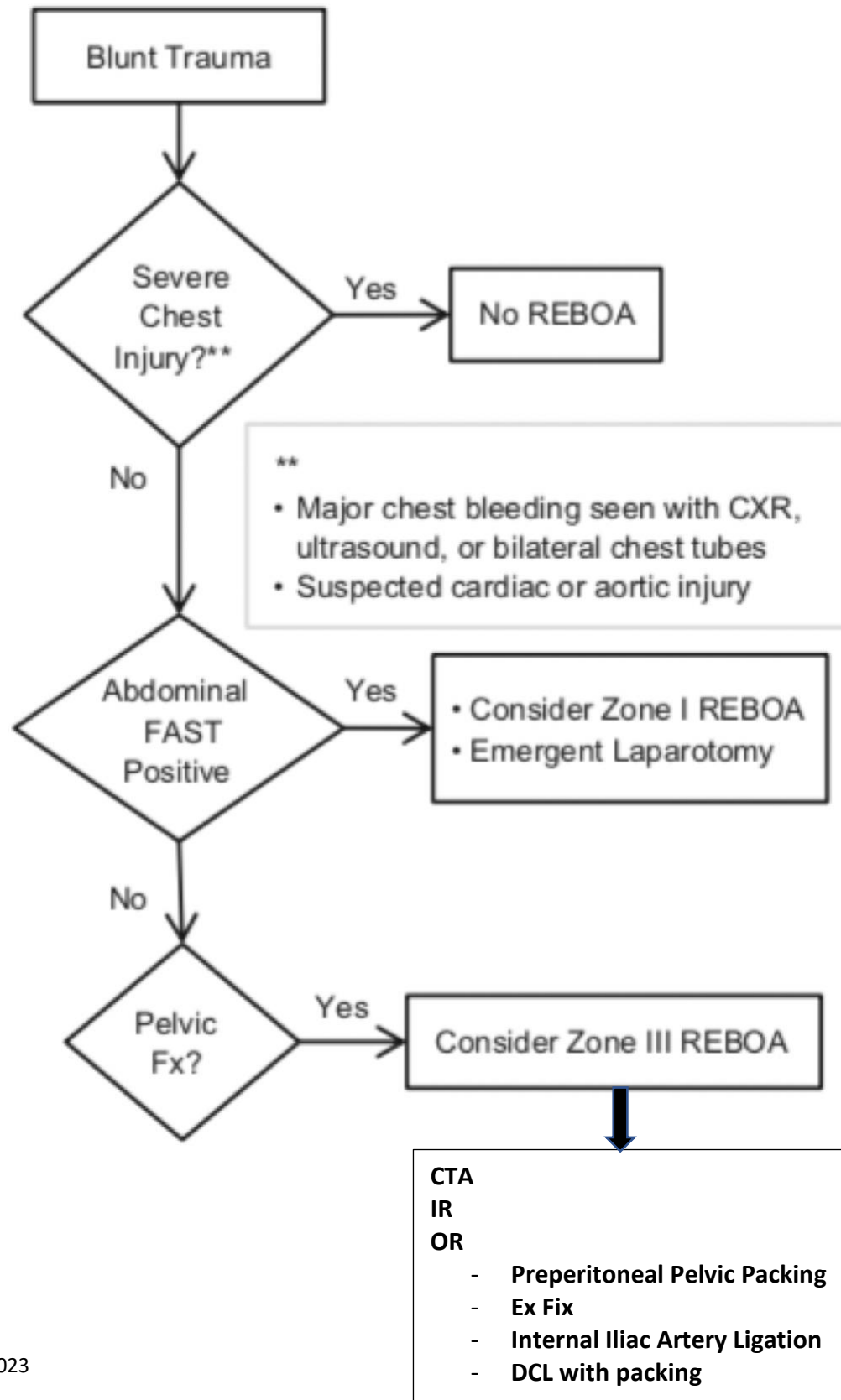


REBOA (Retrograde Balloon Occlusion of the Aorta)

SBP<90 with Transient or No Response to initial ATLS Resuscitation



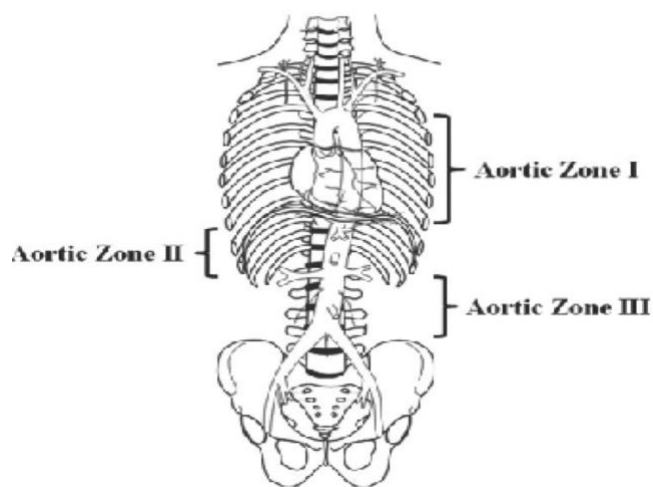
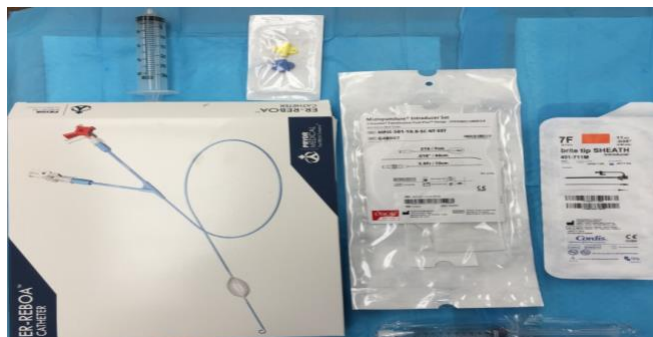
Reviewed 12/2023

ER – REBOA™

Located in ED Trauma Cart, OR 22

Insertion Kit

ER – REBOA package



Insertion:

- Place a 5 Fr micropuncture line
- Place a 7 Fr sheath
- Place REBOA in Zone 1 for suspected abdominal or retroperitoneal hemorrhage (sternal notch or approximately 46 cm, inflate with 8ml initially and assess for response)
- Place REBOA in Zone 3 for suspected pelvic, junctional, or proximal lower extremity hemorrhage (xiphoid process or approximately 28 cm, inflate with 2 ml initially and assess for response)
- Consider an abdominal x-ray to verify placement

Management:

- After placement, immediately plan definitive hemorrhage control, ideally within 15 minutes for Zone 1 placement, with a goal total occlusion time of less than 30 minutes
- Move from Zone 1 to Zone 3 once abdominal bleeding isolated to pelvis (if indicated)
- Deflate the balloon as soon as possible once hemorrhage control is achieved
- Remove the catheter and sheath as soon as possible (confirm correction of coagulopathy). Hold point pressure for at least 30 minutes and maintain bedrest for six hours following removal of 7Fr sheath.
- Hourly neurovascular checks hourly to the lower extremity should begin at sheath insertion and continue for 24 hours following sheath removal.
- Consider vascular ultrasound within 24-48 hours to assess for pseudoaneurysm.

Stannard A, et al. *J Trauma*. 2011

Linnebur M, et al. *J Trauma*. 2016