Indications for Activation of “IR STAT Trauma”
- Patient with REBOA not going to the OR
- Active vascular extravasation requiring transfusion
- IR required from the OR (e.g hepatic or pelvic packing)

Process:
1) When the trauma attending identifies a patient requiring emergent hemorrhage control from interventional radiology (IR), the trauma team activates the trauma IR pager through the page operator by requesting “IR STAT Trauma.” The decision to activate the IR STAT Trauma pager must be made by the trauma attending.
2) After activating IR STAT Trauma, the trauma team will notify Anesthesia (4-7979) of the need for assistance in IR.
3) All IR team members, including faculty, resident, tech, and nurse, will receive a page stating “STAT Trauma IR” and immediately report to the IR suite without causing delay (no phone call to radiology or trauma, no review of CT scan, etc).
4) When the IR team is ready (including faculty in the IR suite), the trauma team will receive a page stating “IR team is ready.” The IR nurse will report to the ED or OR to facilitate communication and expeditious transfer to the IR suite.

Algorithm on next page.
IR Trauma Stat Procedures

CRITERIA: REBOA not going to the OR
Active vascular extravasation requiring transfusion
IR required from the OR (hepatic packing plus)

Trauma team activates emergent trauma IR pager through the page operator “IR Trauma STAT”
(1st time stamp)

Trauma Team calls anesthesia at 47979 to request assistance

IR team prepares the IR suite

IR nurse pages trauma through the computer MEM page system activating Trauma EC Attending pager #17403 stating “IR team is ready” *
(2nd time stamp)

 communicates response concerns concurrently to the IR attending for analysis/resolution.

IR nurse goes to ED/OR for assistance with transport to IR

DOWNTIME PLAN:
Trauma Chief spectralink 47055

Was a response issue identified?

Yes

NO

IR Nurse Manager submits monthly to Trauma PI including issues identified and actions for improvement