

Interventional Radiology Response for Hemorrhage Control Categorization & Process

Purpose: This guideline was developed using resources available from the American College of Surgeons to accurately determine which patients need interventional radiology intervention within 60 minutes of request.

Standard 4.15 Interventional Radiology Response for Hemorrhage Control

Level I and II trauma centers must have the necessary human and physical resources continuously available that an endovascular or interventional radiology procedure for hemorrhage control can begin within 60 minutes of request.

Category A: Procedure initiated within 60 minutes of consultation	Patients presenting with hypotension requiring transfusion with an angioembolizable lesion not readily amenable to surgical intervention (e.g. liver, pelvic fracture, intercostal artery)
Category B: Procedure initiated within 2 hours of consultation.	Patients with active arterial extravasation on CT who do not meet the criteria above.
Category C: Procedure initiated on the same day (during working hours) or first case the next morning	Pseudoaneurysm (liver, spleen, other)

Process for Interventional Radiology (IR) Consults for Trauma Patients

Objective: Streamline the process for trauma-related IR consults to ensure measurable compliance with the Level 1 Trauma Center requirement of IR availability within 1 hour, focusing on efficient communication, documentation, and team coordination.

Notes: Categories (see above for category classification)

Measure of compliance: IR request (eg. Call to MWR to arterial puncture)

1. Consult Process Initiation

- Step 1: Call Midwest Radiology (MWR) for all IR consults, regardless of the time of day, and clearly identify the request as TRAUMA.
- o Note: MWR should confirm if the request is for trauma, ensuring clarity.
- Step 2: During daytime hours, place a direct call to the IR charge nurse to expedite the process.

- o Note: The call to MWR marks the beginning timestamp for compliance tracking.

2. Communication Guidelines

- Staff-to-Staff Consults: All consults must be communicated directly between staff members, not just residents.
- o Residents: Can send the initial page, but the page should direct the conversation to the trauma batphone for a staff-to-staff discussion.
- Document: If it is determined during the discussion that the IR intervention is not required within the 60-minute time frame, this understanding must be documented.

3. Procedure for TTA (Trauma Team Activation) Patients

- Trauma Team Member Presence: For any TTA patients going to IR, a trauma team member must accompany the patient and remain present throughout the IR procedure.
- Post-IR Care: The trauma team member must stay with the patient until they are transferred to the designated post-IR site (e.g., W3, S7, etc.).

**Interventional radiology response is continuously monitored in the trauma PI program.*

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