**The University of Arkansas for Medical Sciences**
Trauma Clinical Practice Management Guideline

**SUBJECT:** Interventional Radiology EMBO-STAT

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

**INDICATIONS:**

1. Life-threatening intraoperative bleeding
2. Active arterial extravasation on axial imaging with evidence of hemodynamic compromise
3. GI Bleeding that has not been thoroughly 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 as Level 1 anesthesia cases.
3. The trauma or inpatient attending shall call the interventional radiology (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 physician 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. An attempt will be made to obtain information from the family. If not available within the specified time window, emergency consent will be designated, and the procedure will proceed.
7. When ready, the IR Team will alert Anesthesia to bring the patient.
8. Room 8 is the first choice if available. If Room 8 is not available, the IR will attending to decide.
9. The time of arterial puncture will be recorded.
10. The IR physicians will document the referral time and the puncture time. The IR physicians will document the referral time and the puncture time. When ready, the IR Team will alert Anesthesia to bring the patient.

**PERFORMANCE MONITORING:**

Time from EMBO-STAT approval to puncture <= 60 minutes.

**REFERENCE:**

American College of Surgeons. Committee on Trauma. Resources for Optimal Care of the Injured Patient. July 2025 Update. Available from: https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/

*This guideline was prepared by the UAMS ACS Division based on a recent literature review. It is intended to support clinical decision-making and should be used at the discretion of the trauma team, as it is not a fixed policy or protocol.*