

## REBOA Sheath and Catheter Removal Protocol

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### **Catheter Removal (Trauma Physician Only)**

- Remove as soon as hemorrhage controlled
- Completely deflate balloon prior to removal using 30ml syringe
- Check bilateral distal lower extremity pulses immediately after removal—palpation/Doppler
- BLE runoff angiogram if diminished or absent pulses—CTA or angiogram

### **Sheath Removal (Trauma Physician or APP Only)**

- Remove sheath if all of the following present:
  - Hemorrhage control achieved and no imminent need for further endovascular procedures
  - Normothermia
  - Normal coagulation labs (platelet >50, INR <1.6, fibrinogen >150)
  - MD orderOR
  - Expanding hematoma at sheath insertion site
- Check distal lower extremity pulses immediately before and after removing sheath
- Hold direct pressure for a minimum of 20 minutes after sheath removal
- Patient to remain on Flat bed rest with affected leg straight for 6 hours
  - Post sheath removal: must visualize site and palpate DP/PT pulses q15 minutes x 4; q30 minutes x 2; then, hourly for remainder of patient's 6h bed rest.
  - Both site status and distal pulses must be documented in patient record at each assessment
- Notify MD for lost or diminished pulse.
- Imaging study (CTA or angiogram) for any patient with reduced pulses.
- Duplex US of insertion site 24 hours after sheath removal

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