

RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA

Name, MR#, DOB

Balloon Time Up: _____

Insertion Site: _____

French: _____

Balloon volume/mL: _____

CHECK LIST:

secured/sutured REBOA marked (others)

PARAMETERS

Date/Time													
Heart Rate													
Rhythm													
Systole													
Diastole													
MAP													
DP pulse													
PT pulse													
Color L/R													
Sensation L/R													
Ankle/Brachial Index													

LEGEND:

<u>Pulses</u>	PS = palpable strong	PD = palpable diminished	D = doppler O = absent
<u>Color/sensation</u>	N = normal	D = diminished	C = cyanotic M = mottled
<u>Limb Temp</u>	W = warm	C = cool	N = numb O = absent

Initials	Signature/Title	Date/Time	Initials	Signature/Title	Date/Time