

EBOO FEMALE ADVERSE EVENT

STANDARD OPERATING PROCEDURE

OBJECTIVE

To provide a systemic approach to mitigate pelvic pain from a female patient caused from an EBOO procedure. These symptoms typically occur within the last 5-10 mins of an EBOO procedure and up to 15 mins post procedure. It is our recommendation that all women keep return line IV access open for a 20 min post EBOO observation period before releasing from the clinic

Scope: This SOP applies to anyone who is monitoring the EBOO procedure

MATERIALS REQUIRED

- 250 mL of 5%of dextrose in water (D5W)
- IV admin tubing
- 500 mL of Lactated Ringers
- Extension Tubing
- Alcohol wipes
- 0.9 Saline Flush 10mL

PROCEDURE

(as soon as pelvic symptoms start)

1. Check patients' vitals and document blood pressure, pulse and blood sugar from finger stick
2. Spike a 250 mL bag of D5W and prime IV admin tubing to be completely free of air.
3. Pause the EBOO machine and verify that the blue light above CCW is blinking showing it is no longer running, then clamp the blue clamp on the distal end of patient IV access.
4. Locate the blue return line y-port closest to patient IV access and wipe down with an alcohol wipe and attach your IV admin tubing from your bag of D5W.
5. Open the roller clamp up and set to 3-4 drops per second.
6. Turn off the ozone and UBI on the EBOO machine.
7. Un-clamp your blue line clamp
8. Press the play button on the EBOO machine and return the remaining blood back to the patient.
10. Pressure to the bag of D5W might be required to keep the flow going back to the patient.
11. Initiate the blood return process by removing the red line catheter from the patient.
12. Once the blood has made its way back around the circuit, clamp the blue line clamp that is on the distal end of the patient IV access. This will ensure that no air has made its way between the distal blue clamp and the y-port.
13. Turn the EBOO machine off along with closing the oxygen tank.
14. Spike a 500 mL bag of LR with IV admin tubing and prime the circuit to free of air.
15. Once the D5W bag has finished, detach the line from the blue line y-port.
16. Use an alcohol wipe to clean the y-port off and attach the LR bag with IV admin tubing.
17. Set drip rate to 3-4 drops per second.
18. Once LR bag has finished re-check patients' blood sugar via finger stick
20. Remove blue line EBOO tubing from the IV catheter and attach extension tubing and saline flush.
21. Saline lock IV access



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POST PROCEDURE

1. Keep patient for a 20 min observation period.
2. Once 20 mins is up with no further symptoms, remove IV catheter place gauze with Coban wrap over IV placement site.
3. Encourage the patient to return the next for an additional IV fluids or Myers Cocktail
4. Educate patient on when to report to ED if symptoms return.

DOCUMENTATION AND REPORTING

1. Comprehensive standard clinic requirements of patient charting followed.
2. Report event to the manufacture of the EBOO machine.

3. Please visit medmasters.org/eboo-ae to submit information on the event so we can collect better data going forward regarding this issue,

CONTINUOUS TRAINING

1. Email trainer@medmasters.org for latest information regarding this event
2. Attend the EBOO Mastermind the last Wednesday of every month
3. This SOP will be evaluated and updated with the newest information as it is discovered.

