



# EBOO Female Adverse Event SOP

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# What Does This Adverse Event Look Like?



- Only affects Women
- Presents towards the last 5-10 mins of the treatment
- Pain is in the pelvic region and 10 out of 10 in severity
- 17 cases that we know of to date (4-2024)
- Giving the patient a 250 mL D5W and a 1L bag of LR will reduce pain to the point of relief

Once the event is over, these patients have gone on to show no long-term signs of issues and some have even driven themselves home.

# 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

- Practitioner
- Nurse
- MA
- Tech

# Materials Required



1. 250 mL of 5% of dextrose in water (D5W)
2. IV admin tubing
3. 500 mL of Lactated Ringers
4. Extension Tubing
5. Alcohol wipes
6. 0.9 Saline Flush 10mL

# Procedure – When Pelvic Pain Begins



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.
9. Pressure to the bag of D5W might be required to keep the flow going back to the patient.
10. Initiate the blood return process by removing the **red** line catheter from the patient.

# Procedure – When Pelvic Pain Begins



11. 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.
12. Turn the EBOO machine off along with closing the oxygen tank.
13. Spike a 500 mL bag of LR with IV admin tubing and prime the circuit to free of air.
14. Once the D5W bag has finished, detach the line from the blue line y-port.
15. Use an alcohol wipe to clean the y-port off and attach the LR bag with IV admin tubing.
16. Set drip rate to 3-4 drops per second.
17. Once LR bag has finished re-check patients' blood sugar via **finger stick**
18. Remove blue line EBOO tubing from the IV catheter and attach extension tubing and saline flush.
19. Saline lock IV access.

# Post Intervention 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 day for 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 manufacturer of the EBOO machine.
3. Please visit [medmasters.org/eboo-ae](https://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](mailto: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.