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## Management of intra-abdominal hemorrhagic shock using REBOA

**Jennifer Adamski**

Emory University of Nursing, USA

Management of patients with non-compressible torso hemorrhage of the chest, abdomen and/or pelvis can be challenging, to say the least. The fate of a patient with potentially survivable injuries depends on the acute care surgeon's effective action and the availability of necessary resources. It is critical that this technique be rigorously evaluated before widespread use. A current multicenter study of the American Association for the Surgery of Trauma is collecting data on patients who undergo aortic occlusion via REBOA, thoracotomy, or laparotomy with aortic cross-clamping to compare outcomes. This study will likely supply valuable data on the outcomes in a variety of settings. Widespread promotion of REBOA for the use in trauma is premature at this time, but should be considered as part of "toolbox" for the trauma and acute care surgeon, as an adjunct for hemorrhage, along with the traditional emergency department thoracotomy (EDT), pelvic packing, surgical exploration, and/or angiography. Institutional resources allocation and training for the trauma and acute care surgeon will likely have a large role in the adoption of REBOA as a first-line therapy over the EDT.

### Biography

Jennifer Adamski DNP, APRN, ACNP-BC, CCRN, is an Assistant Clinical Professor and the Director of the Adult-Gerontology Acute Care Nurse Practitioner program at Emory University. She is an expert Critical Care Clinician and Educator and serves as an APRN expert witness for trauma and critical care nationally. She is a Past Director of Advanced Practice leading clinical operation and serves as an Independent Consultant for APRN model development. She has an APRN seat on the Georgia Board of Nursing and leadership roles in multiple national organizations. She has received numerous distinguished awards for clinical practice, education and leadership.

jennadamski@yahoo.com

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