 <b>University Health™</b>	<b>Policy #: 6.16</b>
<b>SUBJECT: Air Embolus seen after IV contrast Injection</b>	<b>Effective: 11/20/2018</b> <b>Reviewed:</b>
<b>APPROVED BY: Radiology Technical Director</b>	<b>Page 1</b>

- Purpose:** The following procedure must be followed if air embolus is seen after IV contrast injection.
- Scope:** All CT staff technologist
- Responsibility:** Preceptor place a check mark in the blank indicating skill mastery.
- Procedure:**

A venous air embolism can be a serious complication of IV contrast power injection. If air embolism is suspected steps should be taken quickly to manage the situation.

Met      Not Met

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Disconnect the power injector tubing from the patient's IV. |
| _____ | _____ | Place patient in left lateral decubitus position            |
| _____ | _____ | Place patient in Trendelenburg position                     |
| _____ | _____ | Notify radiologist covering the service.                    |
| _____ | _____ | Utilize the "START" and "CODE" Teams when appropriate       |

In case of arterial air embolism, patients should be kept in the flat supine position as the head-down position may worsen cerebral edema.


Ref: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5126790/>  
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Self-assessment	Evaluation/validation methods	Levels	Type of validation	Comments
<input type="checkbox"/> Experienced <input type="checkbox"/> Need practice <input type="checkbox"/> Never done <input type="checkbox"/> Not applicable (based on scope of practice)	<input type="checkbox"/> Verbal <input type="checkbox"/> Demonstration/observation <input type="checkbox"/> Practical exercise <input type="checkbox"/> Interactive class	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/> N/A	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Additional training required on unit</b>

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Observer signature

Date \_\_\_\_\_

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