

- A. Ideal Scenario Flow
 - a. CT tech calls radiology resident
 - b. Radiology resident responds promptly, evaluate patient
 - c. Reviews CT image and sees clot in LPA
 - d. Resident has patient elevate arm, applies cold compress
 - e. Symptoms worsen, resident repeats physical exam, calls plastic surgery and referring clinician

- B. Anticipated Management Mistakes
 - a. **Failure to identify extravasation and do appropriate physical exam**
 - i. Patient "my fingers feel stiff"
 - b. **Failure to elevate arm**
 - c. **Failure to ask for CT images**
 - i. Is there anything you need from the control area?

- C. Staff information
 - a. **Confederates needed**
 - i. **Tech role**
 - b. **Confederate dialogue/actions**
 - i. **Tech/nurse**
 1. **If they request CT images, show scout and axial slice**
 2. **If request arm x-ray, show image**
 3. **If they request medication**
 - a. Tech "what dose would you like?"
 - b. "what route should it be given?"
 - c. **Mannequin needs**
 - i. **Lying on stretcher**
 - ii. **Left antecubital IV**
 - d. **Supply needs**
 - i. **Injector, IV tubing, 60 cc syringe**
 - ii. **O2**
 - iii. **Saline flush**
 - iv. **Cold compress**
 - v. **Marker**
 - vi. **Contrast questionnaire**
 - e. **Images**
 - i. **Left antecubital IV skin changes**
 - ii. **X-ray Left elbow with extravasation antecubital contrast**
 - iii. **CT chest scout image**
 - iv. **Axial chest CT image without contrast showing hyperdense clot in MPA, LPA or RPA**