

PATIENT NAME:

CARDIOLOGY CONSULTANT/BLEEP:

CARDIAC PHYSIOLOGIST BLEEP :

WARD:

DATE/ TIME BALLOON PUMPING COMMENCED:

MINIMUM FRQ'CY (MINUTES)	DATE →																				
	TIME →																				
60	Distal circulation	Radial Pulse L / R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
60		Pedal Pulse L / R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
60	Urinary output																				
60	Site for haematoma or bleeding																				
60	Tube checked for presence of blood* e.g 'dark specks in tubing																				
24 hrs	Site for any signs of infection																				
60	Trigger Source																				
60	Augmented Diastolic Pressure (mmHg)																				
60	Mean Arterial Pressure (mmHg)																				
60	Systolic / Diastolic Pressure (mmHg)		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
60	Heart Rate																				
60	Heart Rhythm																				
60	Assist Frequency																				
60	Flush bag :0.9% NaCl :pressure 300mmHg																				
120	Catheter Flush (15 seconds) & Rezero																				

*If blood present contact cardiologist immediately

Intra Aortic Balloon Pump – Care plan

Care of patient on IABP

- The leg with the balloon pump should always be kept straight
- Head of the bed should not be elevated more than 30 degrees.
- Take extreme care when moving the patient not to disturb the balloon
- Record observations a minimum of hourly using the dedicated IABP obs chart
- Monitor urine output every hour (as an indication of the renal perfusion)
- Observe the IABP insertion site for bleeding / haematoma minimum of every 60 minutes, (check anteriorly and posteriorly for any signs of bleeding)
- Check pedal pulses and both radial pulses every hour to rule out any arterial occlusions
- Observe the limbs for circulation and for any signs of compartment syndrome and site the saturation probe on left hand
- Observe the IABP insertion site for any signs of infection
- Check with the patient if there is any pain between shoulder blades which may indicate aortic dissection

Care of the pump

- Balloon pump should be plugged in all the time whilst in use
- The pump is usually set to trigger source on ECG and Auto
- Do not use the inner lumen for taking blood sample
- Label the transducer line as arterial
- Observe the tubing for presence of any blood, inform the Consultant immediately if there is blood in the tubing
- Flush the system every two hours for 15 seconds: put pump on standby, flush and then rezero
- Ensure that the transducer bag is inflated to 300mmHg
- If the alarm sounds, press the alarm mute key and then press the help key
- If pressure drop is seen, flush the system before doing any thing else
- Check the augmented pressure alarm, this should be 10 mmHg below the augmented diastolic pressure
- The IABP will perform an auto refill every 2 hours which may appear as if the balloon has stopped working. If the auto refill button on the machine is highlighted, please be patient and wait.
- In cardiac arrest the pump trigger source can remain ECG for VT/VF but changed to pressure for asystole / PEA. Carry on CPR as normal
- Zero the pressure if the transducer is adjusted at any point

If the balloon has been stopped for 30 minutes, never turn it back on. The balloon has to be removed as there may be clots formed on the balloon.

Removal of the balloon

- This is a medical task
- Allow the site to bleed for 3 seconds before achieving complete haemostasis to let any clots formed to escape
- Haemostasis can be achieved by the use of closure device or compression device or by the use of manual pressure for 30 minutes
- Patient has to be laid with the head elevated no more than 15 degrees for 4 hours following the removal of IABP
- Assess distal perfusion of the limb every half an hour for at least 2 hours
- Maintain records properly

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