

PROTOCOL FOR: Sheath Removal Care: Post Percutaneous Transluminal Angioplasty (PTCA)

POLICY: Arterial sheaths will be removed by designated personnel, or a cardiologist.

DESIRED

PATIENT OUTCOMES:

1. No hematoma will develop at sheath site.
2. Patient will maintain adequate perfusion to affected extremity.

PREPARATION FOR SHEATH REMOVAL:

1. Discontinue heparin drip, per MD order.
2. Obtain C-clamp or Fem-stop, and 5lb. sand bag.
3. Verify that dressing supplies are available - 4x4s, elastoplast, etc.
4. Have 0.9% NS IV infusion set up.
5. Have Atropine and Morphine available and pre-medicate per MD order, based on patient status (consult with MD if uncertain).
6. Have available 1% lidocaine, to be injected locally at sheath site prior to removal (done by designated personnel or MD).

CLINICAL ASSESSMENT

AND CARE:

1. Monitor HR, B/P and O2 saturation q 10 minutes x 30 minutes immediately after sheath removal.
2. Then monitor vital signs q 15 min. x 1 hour, then q 30 minutes x 1 hour, then q 1 hour x 2 hours.
3. Simultaneously assess circulation, motion and sensation to both feet.
4. Apply 5lb. sand bag or Fem-stop to site x 6-8 hours, or per MD order.
5. Maintain bedrest while sandbag (or Fem-stop) is in place. No bending of groin is permitted. May turn side to side for back care.
6. May resume diet, per MD order.
7. Obtain 12-lead EKG if chest pain recurs.

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8. Notify MD for:

- a. Absent or diminished pulse in affected limb.
- b. Presence of a hematoma.
- c. Symptomatic bradycardia or other arrhythmia.
- d. Bleeding at insertion site.
- e. Recurrence of chest pain.

PATIENT TEACHING:

1. Reinforce need for: no bending of affected limb, frequent vital signs and pulse checks, bedrest per MD order post sheath removal.
2. Instruct patient to report any numbness, tingling or acute pain of affected limb, or right/left lower quadrant abdominal pain.
3. Reinforce the following to patient:
 - a. Signs and symptoms of bleeding or hematoma.
 - b. Don't strain while sandbag or Fem-stop in place.
 - c. Use sandbag or Fem-stop as a splint for coughing.
 - d. Don't strain to start urine stream.
 - e. RN will monitor puncture site for redness, swelling, hardness or abnormal drainage.

APPROVAL: ICU Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 8/95

REVISION DATES: 11/96, 5/97, 10/03