

PROCEDURE FOR: Left Atrial (LA) Pressure Monitoring

- POLICY:
1. Monitoring alarms must be on at all times.
 2. The LA catheter will be removed by a qualified physician or designee at least 2 hours prior to the removal of the mediastinal chest tubes.
 3. The LA catheter will always be slow-flushed via a syringe, never fast-flushed via the system flush valve.

EQUIPMENT:

- H/P digital pressure monitor
- Arterial pressure monitoring kit
- IV flush system consisting of:
 - 500cc N/S with 1000 units of heparin, unless otherwise ordered.
- Pressure bag
- 12 cc syringe
- Level
- LA catheter (inserted during surgery)

PROCEDURE:

- | <u>ACTION</u> | <u>POINTS OF EMPHASIS</u> |
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| 1. Proceed as per "Arterial Blood Pressure Monitoring" procedure steps 1-4. | |
| 2. On most distal 3-way stop cock (3-way closest to catheter connection) place 12cc syringe in area of dead end cap. Aspirate 2-3 cc of flush fluid into syringe. | 2. This will be used to flush catheter, as well as aspirate air bubbles. |
| 3. Attach monitoring system to LA catheter. Aspirate <u>via syringe</u> (3-way <u>off</u> to transducer) until 1-2 cc of blood is in syringe, and no air bubbles appear in line. | 3. When continuously monitoring, follow this step to aspirate visible air bubbles from line. |
| 4. Slowly and gently flush catheter until line is clear. If necessary, turn 3-way <u>off</u> to catheter and aspirate more flush solution into syringe, then turn 3-way off to transducer and again flush catheter slowly until clear. | 4. Keep 12 cc syringe vertical while flushing to prevent infusion of air. |
| 5. Turn 3-way stop cock OFF to syringe. Check wave form and monitor continuously. | 5. Refer to "Hemodynamic Monitoring" Protocol for trouble-shooting and wave form |

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interpretation.

APPROVAL: Intensive Care Unit Standards Committee
Intensive Care Unit Coordinating Committee
Nursing Standards Committee

REFERENCES: Hartford Hospital, Procedure for: LA Line Flush System

CREDENTIALS: RN, ACNP

EFFECTIVE DATE: 1/95

REVISION DATES: 3/96, 3/00, 10/03