

PROTOCOL FOR: Perclose Closure Device: Post-Placement Patient Care

DESIRED PATIENT
OUTCOME:

1. There is no evidence of groin site complications at femoral arterial puncture closure site.
2. Patient will experience minimal and/or no discomfort.

CLINICAL
ASSESSMENT
AND CARE:

1. Assess post-procedure access site according to post-catheterization and/or post-cardiac intervention protocol.
2. Site assessment, observation and/or peripheral vascular checks should be determined by the amount of oozing present.
3. If oozing is present at the femoral insertion site, oozing may be addressed with any one or more of the following:
 - a. Small amount which saturates the dressing in 10-15 min: Manual compression may be applied for 5-10 minutes. *Please note, when applying manual pressure over the site, this may elicit a spurt of blood. This may occur when blood is trapped in the subcutaneous tissue track. This limited amount of blood may represent subcutaneous ooze. Patients receiving ReoPro or Integrilin (II B, III A inhibitors) or Heparin infusion, oozing may be more pronounced.
 - b. Dressing saturated within 5 min: If significant bleeding is observed, apply manual or mechanical compression and/or Femostop immediately and notify physician and/or APRN.
 - c. Assess femoral site for arterial tamper device. Note physician orders for specific instructions.
4. Frequency and on-going observation should be determined by the amount of oozing present and the need for dressing changes, but otherwise per post-cardiac intervention protocol.
5. Change dressings as needed to keep access site clean and dry according to hospital protocol.
6. Patient may sit up at 45 degrees immediately post-procedure as long as subcutaneous ooze is minimal or bleeding is not present.
7. Ambulate patient according to physician orders.
8. Patient may have diet as ordered upon arrival to unit.

PATIENT EDUCATION
DISCHARGE TEACHING:

1. Instruct patient to notify physician for:
 - a. Any significant bleeding at groin site which does not resolve in 10 minutes.

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- b. Unusual pain at access site or affected lower extremity.
 - c. Increased swelling of the groin area.
 - d. Signs of infection: non-healing wound, increasing redness, pain or swelling at site, fever or chills.
2. Instruct patient on normal observations which may be noted as with any percutaneous access site: mild oozing from incision site, bruising from groin area which may last approximately two weeks, local groin tenderness which may last approximately one week.
 3. Instruct patient on wound care prior to discharge. Gently clean site using soap and water while standing. Dry thoroughly. Keep access site clean and dry.
 4. Inform patient of activity guidelines.
 - a. The patient may shower the day after the procedure. No bath or pool for five days until wound is completely healed.
 - b. Limit heavy lifting (nothing greater than 10 lbs. for one week).
 - c. The patient may drive after 24-48 hours.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/99

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