

PROTOCOL FOR: <u>Cardiac Catheterization: Post Procedure Care of the Patient</u>
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PURPOSE: To outline nursing responsibilities in the care of patients after a cardiac catheterization.

SUPPORTIVE DATA: While the incidence of complications is small, patients undergoing a cardiac catheterization can experience systemic hemodynamic changes, as well as peripheral changes at the site of catheter insertion.

DESIRED
PATIENT OUTCOMES:

1. Patient will experience no hematoma formation at arterial catheter insertion site.
2. Patient will experience no changes in circulatory, motor, or sensory function in extremity where catheter was placed.

ASSESSMENT AND
NURSING CARE:

1. Cardiovascular functioning using the following schedule: q 15 minutes x 4, q 30 minutes x 4, q 1 hour x 2, then routine or per M.D. order, check for changes in vital signs, as well as bleeding, hematoma at catheter insertion site and circulation, motor and sensation changes in extremity where catheter was placed.
2. Position patient in supine position, head gatched no more than 30°, and leg with insertion site extended, not flexed. Bedrest as per M.D. order for four to six hours.
3. Administer intravenous hydration as per M.D. order, as well as encourage fluids.

REPORTABLE
CONDITIONS:

In the Procedure Center, notify attending physician for; In Med-Surg/CSDU, notify House Officer for:

1. Bleeding at former catheter site.
2. Hematoma at former catheter site.
3. Circulation, motor and sensation changes in extremity.
4. Vital sign changes (parameters specified in post procedure orders).

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5. Chest pain.
6. Urinary retention.
7. Heart Rhythm changes or Heart

EMERGENCY

- SITUATION:**
1. If bleeding occurs at former arterial catheter insertion site, apply firm, constant pressure while waiting for the House Officer or attending physician.
 2. Obtain stat H/H; T&S if not already done if blood loss appears excessive.

- DOCUMENTATION:**
1. Document findings and interventions on the appropriate forms: Unit Flowsheet, IV Administration and Site Care Record, and MAR.

In Procedure Center: Document on the Nursing Database Flowsheet and MAR.
 2. Document patient response in progress notes every shift x 24 hours, then per Unit/Department Documentation Standards.

In Procedure Center: Document response via Focus Note/Treatment on Nursing Database Flowsheet.

APPROVAL: Nursing Standards Committee
Med/Surg Standards Committee
ICU Standards Committee
Cardiac Step-Down Standards Committee

EFFECTIVE DATE: 12/90

REVISION DATES: 8/93, 8/96, 8/99, 1/02