
Pulmonary Artery Catheter Removal

Purpose:

1. To ensure proper removal of a pulmonary artery catheter when ordered by a physician.

Policy:

1. The RN shall have one-year ICU experience before removing pulmonary artery catheters.
2. Physicians must discontinue all catheter/central lines of patients with documented coagulopathy.
 - a. $Plt < 10,000$
 - b. $INR > 2.0$
 - c. RN's may remove PA catheter ONLY if introducer is to stay.
3. Physician will be notified for any resistance met in discontinuation of the catheter (if this occurs **STOP**), for development of hematoma, or continued bleeding.
4. Any invasive site with suspected or presumed infection must be removed.
 - a. Please refer to Infection Control Policy 16.0 for appropriate re – insertion.
5. Pressure must be held for at least 5 minutes or until bleeding has stopped.
6. Patients should be lying flat if catheter located above the diaphragm.

Responsible Party

MD
MD/RN

Action

1. Write an order to discontinue catheter
2. Asses the site of the catheter.
3. Place patient in the supine position.
4. Explain procedure to the patient and or family.
5. The nurse may remove all lines from transducer tubing. If so assure all stopcocks are in the 'Off' position.
6. Verify balloon is deflated
7. Loosen protective sheath from introducer
8. With smooth steady motion pulls PA catheter out of the introducer.
9. If introducer is to stay: Place sterile introducer cap on introducer. **If introducer to stay STOP here.**
10. Discontinues suture on introducer.

11. Holding sterile gauze over the site have the patient hold breath and perform valsva (if can cooperate) or remove on exhalation (if unable to cooperate). This is to be done if catheter above the diaphragm.
12. With one steady motion pull introducer catheter out of the body.
13. Hold pressure for at least 5 minutes or until bleeding stops.
14. Assure no presence of oozing.
15. Apply a sterile dressing to site.
16. Reassess site within 15 minutes to assure no bleeding or swelling
17. Document procedure.
18. Notify MD if any complications.

References:

1. Chulay, M. & Burns, S. (2006). AACN: Essentials of Critical Care Nursing.
2. Peter, D., Saxman, C. (2003). Preventing air embolism when removing CVC's: an evidence – based approach to changing practice. Medsurg Nursing 12 (4) 223 – 228.
3. Wiegand, D & Carlson, K. (2005). AACN: Procedure Manual for Critical Care.
4. Infection Control Guidelines IC 16