Standard of Care for
The Patient with an Intra-Aortic Balloon Pump

Objectives:
1. To maintain adequate coronary perfusion in order to prevent myocardial ischemia and decrease
   the workload of the heart.
2. To identify and prevent potential post-insertion complications by implementing appropriate
   nursing interventions.

Process Standards:
1. Observe oscilloscope to maintain effective augmentation of IABP and document with rhythm
   strip every shift.
2. Patient/family will be educated on purpose and need of IABP.
3. Check and document pulses distal to IABP insertion site and compare strength and quality to
   other lower extremity pulses as well as color and temperature of extremity every hour. Pulses
   should be graded as 0-absent, 1-weak, 2-normal, 3-bounding.
4. Check upper extremity pulses every four hours to assure IABP is not interfering with subclavian
   arterial flow.
5. Monitor serum creatinine and urine output to assure IABP is not interfering with renal arterial
   flow.
7. Monitor positioning of leg with IABP. Leg will be maintained in anatomical alignment. Leg will
   not be flexed.
8. Due to the fact the head of bed cannot be elevated patient is placed in reverse trendelenburg to
   assist in the prevention of nosocomial pneumonia.
9. Monitor and document condition of insertion site. For hematoma, bleeding, ecchymosis, edema
   or pain
10. The nurse shall assess the dressing over the insertion site every shift.
11. Dressings shall be changed at least every 96 hours and documented on the flowsheet.
12. The dressing change will consist of removing old dressing, cleaning site with chlorohexidine,
    inspecting the site for any signs of infection, replacing with sterile dressing and occlusive
    dressing.
13. If the site shows any signs of infection the nurse will inform the physician so an new line can be
    placed the infected line removed.
14. Patient will remain on strict bed rest and allowed to tilt from side to side using logrolling
    technique.
15. Monitor and document hemodynamic parameters at least every hour until IABP is removed.
16. Cardiac monitor will be maintained and documented appropriately until removal of IABP.
17. Document frequency of augmentation, trigger of augmentation, IABP systolic and diastolic
    pressure at least every hour.
18. Helium gas in IABP will be monitor to assure amount in tank.
19. Patient will be assessed for anxiety and pain. Documentation will be made and interventions will
    be performed as needed.
20. IABP will be plugged in at all times.
21. IABP will be removed per MD.
22. Post removal:
   a. Direct pressure to site will be maintained for at least 30 minutes or until bleeding stops.
   b. A #5 lb sandbag will be placed directly over insertion site dressing and maintain for
      length of time determined by MD.
c. Pulse, temperature, color and capillary refill distal to site will be checked and documented every 15 minutes for two hours, every 30 minutes for two hours, and hour for 2 hours then every 4 hours.
d. If bleeding, hematoma, or pain occurs at insertion site the MD will be notified.
e. The IABP will be cleaned prior to returning to cathlab or OR.

23. If patient codes, place IABP on internal and decrease balloon volume to minimum.

**Outcome Standards:**
At the time of removal the patient will have:
1. Cardiac indexes>2, adequate perfusion, and stable blood pressures.
2. No adverse reaction or complication for IABP.

**Reference:**