

Intra-Aortic Balloon Therapy Orders

Date/ Time	Use in Combination with Post Percutaneous Coronary Orders	
Unit Clerk:	Nursing Orders	<ul style="list-style-type: none"> ● IABP Pump Settings: Mode: o Auto / o Semi-Auto IAB Frequency: o 1:1 / o 1:2 / o 1:3 Balloon Augmentation: o Good / o Poor <u>For Pump Malfunctions:</u> <ol style="list-style-type: none"> a. Notify designated IABP Clinical support b. Manually inflate and deflate balloon every 3 to 5 minutes during pump off times. c. For Cardiac arrest set pump to pressure mode. ● Log Roll every 2 hours keeping affected extremity straight ● Dressing change to site every 7 days and PRN per central line dressing change policy ● Notify MD for and of the following: <ol style="list-style-type: none"> a. Bleeding, drainage, inflammation at catheter insertion site. b. MAP pressure less than _____mmHg c. Changes in LOC, limb numbness, pain, changes in the pulses, decreased urine output d. Blood in the inflation lumen of IAB and TURN PUMP OFF
Nurse Verified:	Medications	<ul style="list-style-type: none"> ● Normal Saline 500 ml IV pressurized using transducer tubing system, Flush pressure monitored lines PRN ● Heparin 20,000 units /500 ml D5W IV to be given by Weight Based Dosing guidelines and PTT monitoring per protocol <ul style="list-style-type: none"> ○ with Bolus ○ without Bolus
	Laboratory	<ul style="list-style-type: none"> ● PT/INR, PTT and BMP upon arrival to unit and daily ● Other: _____
	Radiology	<ul style="list-style-type: none"> ● Chest X-ray 1 view Portable to be done daily while IAB in place ● Other: _____
24 hour check	Other	Other Orders: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>