STANDARDIZED PROCEDURE
INTRA-AORTIC BALLOON PUMP (IABP) REMOVAL

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Policy

Function: To remove an intra-aortic balloon pump (IABP)

Circumstances:

i. Setting: See Cardiothoracic Surgery Nurse Practitioner General Policy Standardized Procedure

ii. Supervision: See Cardiothoracic Surgery Nurse Practitioner General Policy Standardized Procedure

iii. Patient Conditions/Indications for IABP Removal include but are not limited to:

- Successful weaning from augmentation thus not requiring IABP any longer
- Infection
- Loss of distal pulses with risks outweighing benefits of continued IABP use
- Post-operative successful heart transplant

II. Protocol

Definition: IABP removal including but not limited to the above conditions

Objective: See section I-b-iii for indications for IABP removal

Assessment: Patient which meets criteria as described above in section I-b-iii

Plan:

Equipment Necessary includes but is not limited to:

- Sterile prep solution (povidine-iodine, or hexachlorophene if patient is iodine-allergic)
- 10 cc syringe for aspiration of remaining air in the IABP balloon
- Iris Scissors
- Forceps
- 4x4 gauze (5)
- Personal protective equipment

Pre-procedure

1. Education

a. Explain the process of removing the IABP and assess patient and family understanding (if patient awake and or family available in person or by phone)
b. Explain the procedure and the amount of time involved
c. Explain the need for remaining in bed following procedure with pressure bag

Patient Position

1. Place patient in supine position
2. Cleanse area surrounding IABP insertion site with sterile prep
3. Don personal protective equipment (mask, gown, gloves)
4. Have nurse turn off IABP
5. Aspirate air from balloon to ensure deflation
6. Cut securing sutures and remove IABP catheter with a single swift pull
7. Immediately place pressure over the insertion site with gauze pads in each hand. One hand is placed proximal to the entry site and one is distal.
8. Release pressure from the distal hand to allow a little back bleeding from the distal vessel to dislodge any clot present
9. Apply pressure with the distal hand and then release pressure from the proximal hand for 1-2 seconds, allowing forward bleeding to dislodge any clots
10. Hold manual pressure for a minimum of 30 minutes
11. The patient needs to remain supine with legs extended for 6 hours with a pressure bag at insertion site

Patient Conditions requiring Physician Consultation (Limitations):

- Uncontrollable bleeding
- Limb ischemia of lower extremities
- Aortic dissection
- Loss of decrease in pulses distal to insertion site
- Renal Injury
- Thromboembolism

Follow Up:

1. Further evaluation and treatment as indicated
2. Monitor pulses regularly
3. Instruct nursing staff to check distal pulses to insertion site every two hours and prn and to notify House Officer with any changes in assessment
4. Instruct nursing staff to observe for signs of infection hemorrhage, or ischemia to insertion site or limb

Record Keeping: See Cardiothoracic Surgery Nurse Practitioner General Policy Standardized Procedure

III. Requirements for Nurse Practitioner

a. Education and Training: See Cardiothoracic Surgery Nurse Practitioner General Policy Standardized Procedure

b. Evaluation: See Cardiothoracic Surgery Nurse Practitioner General Policy Standardized Procedure

IV. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438.

V. HISTORY OF PROCEDURE

Revised by the Committee of Interdisciplinary Practices:2/26/2014, 9/28/2016

Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016

Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016