

(place patient label here)

Patient Name: _____



Intra Aortic Balloon Pump (IABP)

General

- ☒ Intra Aortic Balloon Pump (IABP)

Activity

- ☒ Bedrest HOB < 20-30 degrees -- Additional Instructions: : While IABP in use
☐ Head of Bed Flat
☒ Log Roll From Side to Side
Additional Instructions: _____
☐ Keep Leg Straight
Additional Instructions: Affected Extremity

Vital Signs

- ☒ Vital Signs Post Procedure
Post Procedure VS Frequency: Q15MINx4, Q30MINx2, Q1HRx4
Additional Instructions: then vital signs per unit standard

Nursing Orders

- ☒ Intra Aortic Balloon Pump Settings [☐1:1 Ratio ☐1:2 Ratio ☐1:3 Ratio]
☒ Intra Aortic Balloon Pump Catheter Dressing Per Central Line Policy
☒ Assess Neurological Status
Neuro Checks Frequency: every hour
Additional Instructions: _____
☒ Assess Radial Pulses
Location Left Radial
Additional Instructions: With Vital Signs
☒ Assess distal pulses
Additional Instructions: With Vital Signs
☒ Assess Arterial Puncture Site With Vital Signs
☒ Incentive Spirometry
Frequency: every hour while awake
Additional Instructions: _____
☒ Full Monitor-Cardiac/Respiration/O2 Sat
☒ Intake and Output Strict
Strict I&O Frequency: every hour
Additional Instructions: _____
☒ Indwelling Urinary Catheter With Protocol
☐ Knee High Anti-Embolism Stocking
Apply/Maintain:
Right/Left/Bilateral: [☐Right ☐Left ☐Bilateral]
Frequency: _____
Additional Instructions: _____
☐ Sequential Compression Device
Location [☐Right ☐Left ☐Bilateral]
Additional Instructions: _____

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Nursing Communication

- ☒ Document IABP Pressures
Frequency: Q1H
- ☒ Document IABP Frequency Setting
Frequency: Q1H
- ☒ Obtain Arterial Timing Strip
Frequency: QSHIFT
- ☒ Do Not Flush or Draw Blood From IABP Catheter
- ☒ Maintain Systolic Blood Pressure > 90mmHg
Additional Instructions: If on Pressor Support
- ☒ Maintain Mean Arterial Pressure (MAP) greater than 65mmHg
Additional Instructions: If on Pressor Support
- ☒ IF on Pressor Support Titrate Medications to the Intra Aortic Balloon Pump MAP (Mean Arterial Pressure)
Additional Instructions:
- ☒ Discontinue Indwelling Urinary Catheter
Additional Instructions: After Bedrest is Complete

Notify Provider

- ☒ IF Acute Onset Chest Pain Occurs
Additional Instructions:
- ☒ IF Any Changes in Neurological Status
- ☒ IF Bleeding at Access Site
- ☒ IF Blood Present in the IABP Line
- ☒ IF Circulation Sensation Movement (CSM) Changes to Affected Extremity
- ☒ IF ECG Changes
- ☒ IF Evidence of Neurovascular Compromise
- ☒ IF Evidence of Bleeding
- ☒ IF Intra Aortic Balloon Immobile greater than 30 Minutes While Inserted
- ☒ IF Urine Output less than 30 milliliters per hour
- ☐ IF CI (Cardiac Index) Less Than: _____
- ☐ IF CO (Cardiac Output) Less Than: _____
- ☐ IF CVP (Central Venous Pressure) Less Than: _____
- ☐ IF PAP (Pulmonary Artery Pressure) Less Than: _____
- ☐ IF PAWP (Pulmonary Artery Wedge Pressure) Less Than: _____
- ☐ IF MAP (Mean Arterial Pressure) Less Than: _____

Respiratory

- ☐ Blood Gas Study (RT): Arterial
O2 Setting: Current Settings
Frequency: [☐ 1 Time Now ☐ in AM ☐ Other: _____]
- Obtain Specimen From:
- Additional Instructions:

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Diet

☐ Advance Diet As Tolerated

Goal Diet: [☐Clear Liquid ☐Controlled Carbohydrate ☐Full Liquid ☐Heart Healthy ☐Regular]

Additional Instructions:

☐ Heart Healthy Diet

☐ Controlled Carbohydrate Diet

☐ Regular Diet

☐ NPO Diet

IV/Line Insert and/or Maintain

☒ Peripheral IV Insert/Maintain

Additional Instructions:

Medications

Anticoagulants:

☐ Heparin Drip, Pork in 0.45%Ns 25,000 UNITS/250 ML INJ (100 units/mL concentration) at 12 units/kg/hour via intravenous continuous infusion until desired activated partial thromboplastin time (aPTT) is attained (Maximum Infusion Rate 2,300 units/hour)

Vasoactive Agents:

☐ Clevidipine Butyrate (CLEVIPREX) IV Continuous Infusion via intravenous continuous infusion titrate as needed

☐ Esmolol HCl/Sod Cl 2,500 MG/250 ML INJ via intravenous continuous infusion titrate as needed

☐ Nitroglycerin/D5w (100 mcg/mL concentration) at 5 mcg/minute via intravenous continuous infusion titrate as needed until chest pain is controlled

☐ Nitroprusside in 0.9% NaCl 20 MG/100 ML VIAL via intravenous continuous infusion titrate as needed

☐ Vasopressin (VASOSTRICT) 0.4 unit/ml at 0.01 unit/minute via intravenous continuous infusion titrate as needed until MAP greater than 65 mmHg

☐ Dobutamine HCl/D5w 500 MG/250 ML (2 mg/mL concentration) at 2.5 mcg/kg/minute via intravenous continuous infusion titrate by 1 mcg/kg/minute (not to exceed 20 mcg/kg/minute)

☐ DOPamine HCL 1.6 MG/ML at 5 mcg/kg/minute via intravenous continuous infusion

☐ EPINephrine 1 MG/ML (16 mcg/mL concentration) at 0.01 MCG/KG/MIN via intravenous continuous infusion

☐ Norepinephrine Bitartrate 1 MG/ML (16 mcg/mL concentration) at 1 mcg/minute via intravenous continuous infusion titrate as needed until MAP greater than 65 mmHg (not to exceed 30 mcg/minute)

☐ Phenylephrine HCl 100 MCG/ML (80 mcg/mL concentration) at 25 MCG/MIN via intravenous continuous infusion titrate as needed until MAP greater than 65 mmHg

Laboratory

☐ CBC/AUTO DIFF [☐Morning Draw ☐Routine ☐Stat]

☐ BASIC METABOLIC PANEL [☐Morning Draw ☐Routine ☐Stat]

☐ POTASSIUM LEVEL, PLASMA [☐Morning Draw ☐Routine ☐Stat]

☐ MAGNESIUM LEVEL, PLASMA [☐Morning Draw ☐Routine ☐Stat]

☐ PT (PROTIME AND INR) [☐Morning Draw ☐Routine ☐Stat]

☐ PTT [☐Morning Draw ☐Routine ☐Stat]

Radiology and Diagnostic Tests

☐ XR Chest Single AP View Only [☐IN AM (RAD ONLY) ☐Routine ☐Stat] _____ [Reason for X-ray]

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Consult Provider

☐ Consult Intensivist

Consulting Provider: _____

Reason for Consult: _____

Does nursing need to contact consulted provider? [☐Yes ☐No]

Provider's Signature _____ **Date:** _____ **Time:** _____

Initials: _____