RADIAL ARTERY COMPRESSION DEVICE PLAN
(for Cath Lab)

A UMC Health System Performance Improvement Initiative for use in all units where cardiac/surgical patients are admitted

☑ Denotes guideline requirement

Attending Physician: ____________________________     Resident/Fellow: ________________________
Allergies: ______________________________________

Diagnosis: _____________________________________________________________________________________________
Co-Morbidities: ____________________________________________________________________________________________

Code Status: ☐ Full Code ☐ DNR ☐ Comfort Care ☐ Other
Consult: ________________________________________________________________________________________________

☐ Height: __________      ☐ Weight: __________

Peri-Operative Orders:

1. Radial artery sheaths will be removed and TR band placed by the cardiology fellow immediately after the procedure in the cath lab.
2. Cath lab staff will help the fellow place the arm board on the back of the wrist.
3. Patient will arrive to the CICU, COPS, or 5 east area with the TR Band in place and the TR Band syringe taped in their hand.
4. When pt. arrives, assess puncture site for bleeding or hematoma. There should be no bleeding.
5. If there is any bleeding, inject 4 ml of air into the port marked “air” and notify the fellow. Do not exceed a total of 18ml of air.
6. Patient will remain in bed, but able to sit up and ambulate to the bathroom.
7. TR Band will remain in place for:

☐ 1 hours post-procedure for nonintervention procedures.
☐ 2 hours post-procedure for interventions. If Angiomax is utilized for Percutaneous Coronary Intervention (PCI) or until the activated clotting time (ACT) is less than a level of 130 if Heparin is utilized for the PCI.

☐ TO ☐ Read back
Order taken by Signature: ___________________________________ Date/Time: ______________________

Physician Signature: __________________________________ Date/Time: ______________________
**Post-Operative Orders:**

Removal instructions
- **Non-intervention**
  - If pt received heparin, check ACT before removing air. If greater than 130 DO NOT REMOVE and repeat ACT every hour until ACT is less than 130.
  - Withdraw 4 ml of air after 1 hour
  - If bleeding occurs, re-inject 4 ml of air and wait 30 min. and withdraw 4 ml of air again. Repeat removing 4 ml every 30 min. until all air is removed.
  - Remove T.R. band and apply tegaderm and observe for 30 min. Hold pressure and call fellow if pt develops a bleed.

- **Interventional**
  - If pt received heparin, check ACT before removing air. If greater than 130 DO NOT REMOVE and repeat ACT every hour until ACT is less than 130.
  - Withdraw 4 ml of air after 4 hours
  - If bleeding occurs, re-inject 4 ml of air and wait 30 min. and withdraw 4 ml of air again Repeat removing 4 ml every 30 min. until all air is removed.
  - Remove T.R. band and place tegaderm and observe for 30 min. Hold pressure and call fellow if pt develops a bleed.

- **Post TR Band Removal**
  - Apply a 2x2 Tegaderm to the puncture site and secure with Kerlex wrap to armboard.
  - Instruct pt. not to manipulate wrist for 24 hours. Arm board may be removed after 1 hour post a non-intervention and reassess the site for bleeding.
  - Instruct pt. not to manipulate wrist for 24 hours. Arm board may be removed 6 hours after anticoagulation if a Percutaneous Coronary Intervention was performed then reassess the site for bleeding.

- **Educate patient on**
  - Leave puncture site open to air after 24 hours post-procedure. If minor oozing, patient may apply Band-Aid and remove after 12 hours.
  - No soaking wrist for 3 days
  - No driving for 24 hours
  - No lifting more than 3-5 pounds with affected wrist for 7 days.
  - Hold pressure with thumb against puncture site and finger against back of wrist for any frank bleeding and call 911 for immediate help.
Reportable Conditions:

- Notify the doctor of any uncontrolled bleeding.
- If wound is bleeding then elevate the arm and apply manual pressure to the area just above the wound by pressing the thumb above the wound and encircling the hand around the wrist for 20 minutes. After 20 minutes slowly remove pressure and assess if bleeding has stopped.
- Notify the doctor if there is a loss of circulation in the hand or the hand has a sudden color change and appears cool and blanched accompanied by tingling and numbness.