

* **Post Angio Care**



* **Prepared and presented By**

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Welcome

Coyne, C., Baier, W., Perra B., & Sherer, B.K. (1994). Controlled trial of backrest elevation after coronary angiography. *American Journal of Critical Care* 3:282-288.

* **Outlines**

1. **Assessment**
2. **Interventions**
3. **Teaching**
4. **Documentation**



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1. ASSESSMENT

a. when the patient returns from the Cath lab Identify whether the patient had a diagnostic or interventional cardiac cath then the stability of the patient should be established initially. This will include, but is not limited to, ECG, vital signs, oxygenation level, urine output, cardiac, respiratory, pulmonary, gastrointestinal, and gentle urinary assessment.



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1. ASSESSMENT

b. Identify the access site and Identify how access hemostasis was obtained also Particular attention must be paid to the peripheral vascular assessment of the lower extremities.



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1. ASSESSMENT

c. Often the patient may return from the cardiac catheterization laboratory with a sheath in place.

if this is the case, the institutional procedures for caring for sheaths should be applied such as (bleeding ,oozing ,hematoma ,ETC). (especially after vomiting or coughing).



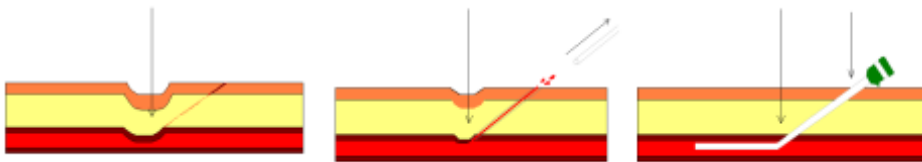
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1. ASSESSMENT

Some institutions, may allow the nurse to remove that sheath.

Other institutions, require that the physician removes the sheath.

in the latter instance, the institutions policies and procedures must be followed.



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1. ASSESSMENT

d. In some institutions a ACT (The activated clotting time) may be required to check the patients clotting time prior to sheath removal.



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1. ASSESSMENT

E . Generally, the nurse should monitor vital signs, and distal pulses every 15 minutes for the first hour ,then every 30 minutes for the 2nd hour, also every hour twice after that routine according policy and procedures.
 . If there is any change in the patient's neurovascular status for physician should be notified immediately.



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1. ASSESSMENT

d. If the cardiac catheterization was done under conscious sedation to institutional policy for conscious sedation should be followed. Also Did the patient receive any anticoagulation during the procedure? Must take care from bleeding



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2. INTERVENTIONS:

a. Before the patient returns to the unit, the nurse should ensure that all equipment is available to evaluate and maintain the patient once he arrives. these are things such as, intravenous pole with plump, Monitor , ECG printer , ETC



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2. INTERVENTIONS:

b. when the patient returns:

For femoral access Patient can be reposition side to side to provide comfort, as long as the affected extremity is maintained in a straight alignment with the torso. After the 1st hour, it may be safe to raise the HOB up to 30 degrees.



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2. INTERVENTIONS:

b. when the patient returns:

For radial access: keep wrist immobilized for recommended number of hours with an arm board. Minimize activity the requires use of affected extremity. The HOB can be raised to patients desired level.



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2. INTERVENTIONS:

C . Be aware of the results of the procedure - presence of coronary heart disease then Insure the patient is fully awake, encourage the patient to drink at least two liters of fluid during the first 12 hours post cardiac cath. if his condition warrants and if it is not contra-indicated.

d. Maintain the patient on hourly intake and output.

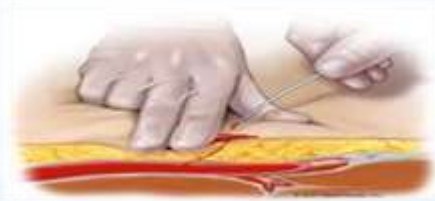


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2. INTERVENTIONS:

E. If the patient starts to bleed at the puncture site, hold pressure above the insertion site until the bleeding is stopped. Do not hold pressure directly on the departure site. And Notify the physician.

F. If patient re-bleeds at catheter site: find pulse above the insertion site and hold pressure with a gauze sponge until hemostasis is achieved. Note: do not totally obliterate distal pulses.



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3. TEACHING:

Reinforce post cath teaching Such as :

- ✓ Patient will need to rest for the next 3 days and avoid heavy lifting and serious activity during this time.
- ✓ For the next 24 hours: do not drive, avoid signing legal documents, and avoid stairs .
- ✓ Patients should avoid tub bathing or swimming until the puncture site is healed.
- ✓ The puncture site dressing should be changed every 24 hours until a scab has formed.
- ✓ The patient may hint soreness at the puncture site, but if it gets worse, they should notify their physician.
- ✓ If the puncture site begins to bleed, hold pressure over the site and call available emergency number.

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4. DOCUMENTATION:

- a. Document Initial vital signs/observations on approved Medical Record Form.
- b. Document further observations in nursing note or on approved Medical Record Form.



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