



# **INTENSIVE CARDIAC CARE**

## **ASSISTING INTRA-AORTIC BALLOON INSERTION**

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Providing temporary support for the heart's left ventricle, intra-aortic balloon counterpulsation (IABC) mechanically displaces blood within the aorta by means of an intra-aortic balloon (IAB) attached to an external pump console, defined as an intra-aortic balloon pump (IABP).

### **Indication**

- Acute myocardial infarction
- Cardiogenic shock
- Refractory ventricular arrhythmias
- Cardiac surgery & Sepsis

### **Contraindications**

- Aortic regurgitation
- Aortic dissection
- Uncontrolled sepsis
- Uncontrolled bleeding disorder

### **Implementation**

- Verify the physician's order.
- Gather and prepare the appropriate equipment.
- At least two patient identifiers. Written informed consent.
- Pre-procedure verification includes relevant, related information, and equipment is available
- Complete blood count, coagulation studies, so as to check for conditions that may increase the risk of bleeding. Notify the practitioner of unexpected results.
- Perform hand hygiene & Provide privacy.
- Reinforce & Explain that the physicians will insert a special balloon catheter into the aorta, which increases oxygen supply to the heart, decreases the heart's workload, and increases cardiac output and perfusion of vital organs. Explain that the affected extremity will be immobilized and that the head of the bed will be no higher than 45 degrees while the catheter is in place. Inform the patient that physician will remove the IABP after the heart can resume an adequate workload.

### **Assisting Procedure**

- Conduct a time-out. Assist the physician connect the previously prepared and zeroed transducer system to the aortic arterial line lumen (inner lumen) of the balloon catheter. Verify blood return, and then level the transducer with the patient's mid-axillary line and zero it to ensure accuracy.
- Trace all connections from the patient to their point of origin to make sure that they're connected to the proper ports and make sure that all connections are tight and secure to prevent disconnections.
- Portable chest X-ray, as ordered, to confirm IAB catheter placement. Place the IABP on standby, as indicated, for clearer visualization.
- Return the bed to the lowest position to prevent falls and maintain patient safety.
- Discard used supplies appropriately. Remove personal protective equipment.
- Perform hand hygiene & document the time completion of the procedure.

