

# Quick Look Procedure Resource for NON-CRITICAL CARE staff

## Care of and sampling from an arterial line

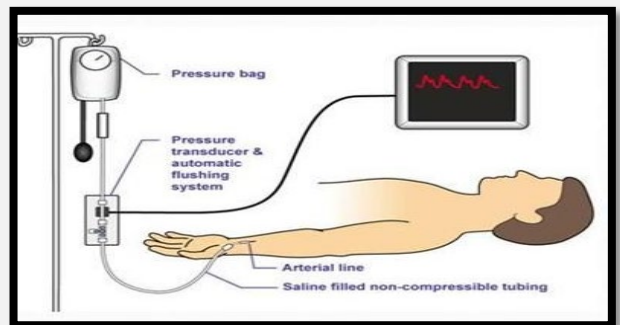
### WHEN TO PERFORM

1. Insertion site, line & dressing check, report infection/extravasation to ICU nurse; ensure line secure; change dressing if soiled/loose: each shift
2. Arterial line is clearly identified (e.g. label, red cap) to prevent accidental drug administration **ALWAYS**
3. Transducer zeroing & levelling & pressure bag check: repositioning/acute BP changes, shift safety check

### HOW TO PERFORM

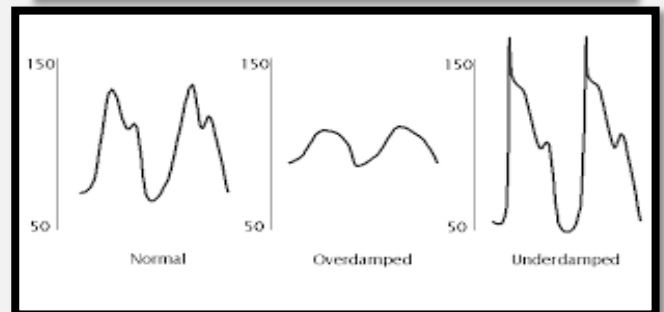
#### 1. RULES for arterial line care

- **NEVER** inject anything into arterial line
- Ensure connections are tight -risk of air embolus/bleeding, watch line during repositioning
- Ensure pressure bag inflated to 300mmHg
- Check distal circulation 2-4 hourly



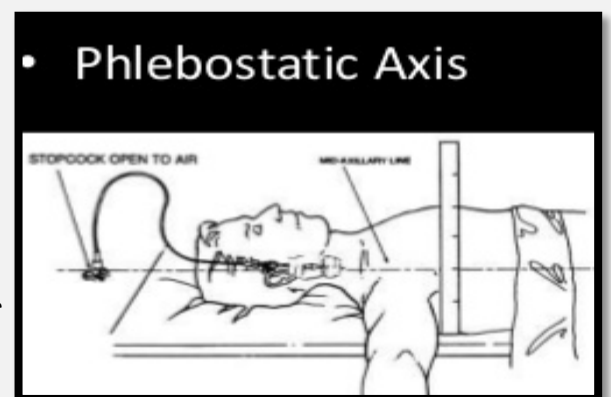
#### 2. Waveforms

- If under or overdamped -results in an inaccurate blood pressure
- Change in waveform/BP, reposition hand/line, check transducer level with phlebostatic axis, zero
- Notify the ICU nurse if not fixed



#### 3. Levelling & zeroing

- Silence alarm
- Turn 3-way tap to OFF to patient & OPEN to AIR
- Remove cap, press zero, the monitor will indicate when complete
- Return 3-way tap to OPEN to the transducer & OPEN to the patient
- Replace cap



#### 4. Blood samples

- Under supervision of ICU nurse until considered safe to do independently

### KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. Arterial line dislodgement/bleeding **URGENT CALL FOR HELP** & apply pressure
2. Poor waveform trace/flat line unresolved with trouble shooting
3. Poor perfusion/ absent pulse in arm of arterial line placement
4. Always have arterial alarms switched on and where possible insertion site visible