Catheter Removal

Is there a plan for subsequent procedure with 7Fr sheath or an emergent care requirement that must be done ASAP?

TRAUMA TEAM NOT DONE UNTIL SHEATH IS OUT

Check lower extremity pulses

TRTAUMA handoff when service or location changes

Possible actions to take:
1. Reverse coagulopathy
2. Repair arteriotomy
3. Consult Trauma

Coagulopathy? (ACT or TEG or ROTEM)

NO

Check lower extremity pulses

Keep patient on bedrest, flat with effected leg straight for 6 hours

VS & Vascular: CMS, ABI, Doppler, Groin Check Q2hr x4 Q6hr x4

Potential complication detected (e.g., no distal pulse, thrombus, compartment syndrome)

Standard of care at institution, STAT consult to Trauma

Take action to restore: Determine medical, Pharma or surgical management plan of care

Transduce, or infuse crystalloid 50cc/hr

Q1hr x4 vascular check (e.g., pulses / ABI / Doppler) or end of case

Document assessment & interventions

7FR Sheath used for procedure

Manage Sheath per Protocols until subsequent procedures complete

Remove Sheath ASAP in (ED, OR, PACU, ICU)

Coagulopathic?

YES

Close by direct pressure for 30 min or Closure Device per institution policy

Keep patient on bedrest, flat with effected leg straight for 6 hours

VS & Vascular: CMS, ABI, Doppler, Groin Check Q2hr x4 Q6hr x4

If decrease pulses or neg doppler, s/s of hematoma – notify attending Trauma Surgeon, consider imaging / CT angiogram

Consider duplex U/S at 24 hours post sheath removal

Document all actions & data

DONE

Footnotes:
(1) Trauma owns SBAR handoff when service or location changes
(2) If not taken out by Trauma Surgeon, then managed by PACU/ICU by order of Trauma
(3) If open access, close arteriotomy with standard procedure
(4) Trauma Attending still owns sheath management when patient returns to ICU

ReBOA Sheath Management Guideline

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