

EVERY 6 HOURS, TURN **IABP** TO 1:2 OR 1:3. MOUNT WAVEFORM HERE AND INTERPRET

Diastolic Augmentation: \_\_\_\_\_

Assisted Systole: \_\_\_\_\_

Assisted End Diastolic: \_\_\_\_\_

Unassisted Systole: \_\_\_\_\_

Unassisted Diastolic: \_\_\_\_\_

Your Hospital's Logo Here  
**INTRA-AORTIC BALLOON PUMP FLOWSHEET**

EVERY 6 HOURS, TURN **IABP** TO 1:2 OR 1:3. MOUNT WAVEFORM HERE AND INTERPRET

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**DOCUMENT ON THE CRITICAL CARE FLOWSHEET UPON INSERTION -OR- FREQUENCY ADJUSTMENT ( 1:1, 1:2, 1:3 )**

**Q 30 min x 2; THEN Q2H and PRN:**

**[1]** IABP Frequency ( 1:1, 1:2, 1:3 )

**[2]** Vital Signs, including PAS / PAD

**[3]** Left Radial Pulse Check

**[4]** Pedal Pulses, Foot Temp, Color and Capillary Refill

**DOCUMENT EVERY 12 HOURS BELOW (Check choice -or- Fill in Blank):**

IAB AUGMENTATION VOLUME:  MAX  OTHER (specify blips): \_\_\_\_\_

TRIGGER:  EKG  PRESSURE  A PACING  V/A-V PACING  INTERNAL

INFLATION POINT (Scale -5 to +5): \_\_\_\_\_

DEFLATION POINT (Scale -5 to +5): \_\_\_\_\_

IABP FILL:  AUTO  MANUAL

TIMING:  AUTO  MANUAL

SLOW GAS ALARM:  ON  OFF

TRANSDUCER RE-ZEROED:  YES  NO

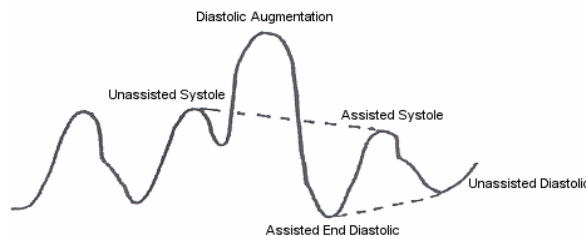
IAB PRESSURE TUBING / BAG CHECK:  OK  CHANGED

DATE: \_\_\_\_\_ SHIFT: \_\_\_\_\_

SIGNATURE / TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ SHIFT: \_\_\_\_\_

SIGNATURE / TITLE: \_\_\_\_\_



PATIENT IDENTIFICATION

**PART OF THE MEDICAL RECORD**

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PUMP FLOWSHEET**

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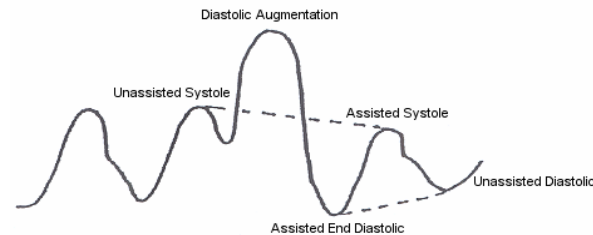
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SIGNATURE / TITLE: \_\_\_\_\_



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