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: __________

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: __________

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
TRANSUDER RE-ZEROED: □ YES □ NO
IAB PRESSURE TUBING / BAG CHECK: □ OK □ CHANGED

DATE: __________ SHIFT: __________ SIGNATURE / TITLE: __________
DATE: __________ SHIFT: __________ SIGNATURE / TITLE: __________

PART OF THE MEDICAL RECORD
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:
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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: SIGNATURE / TITLE:  
DATE: SHIFT: SIGNATURE / TITLE:  

PART OF THE MEDICAL RECORD