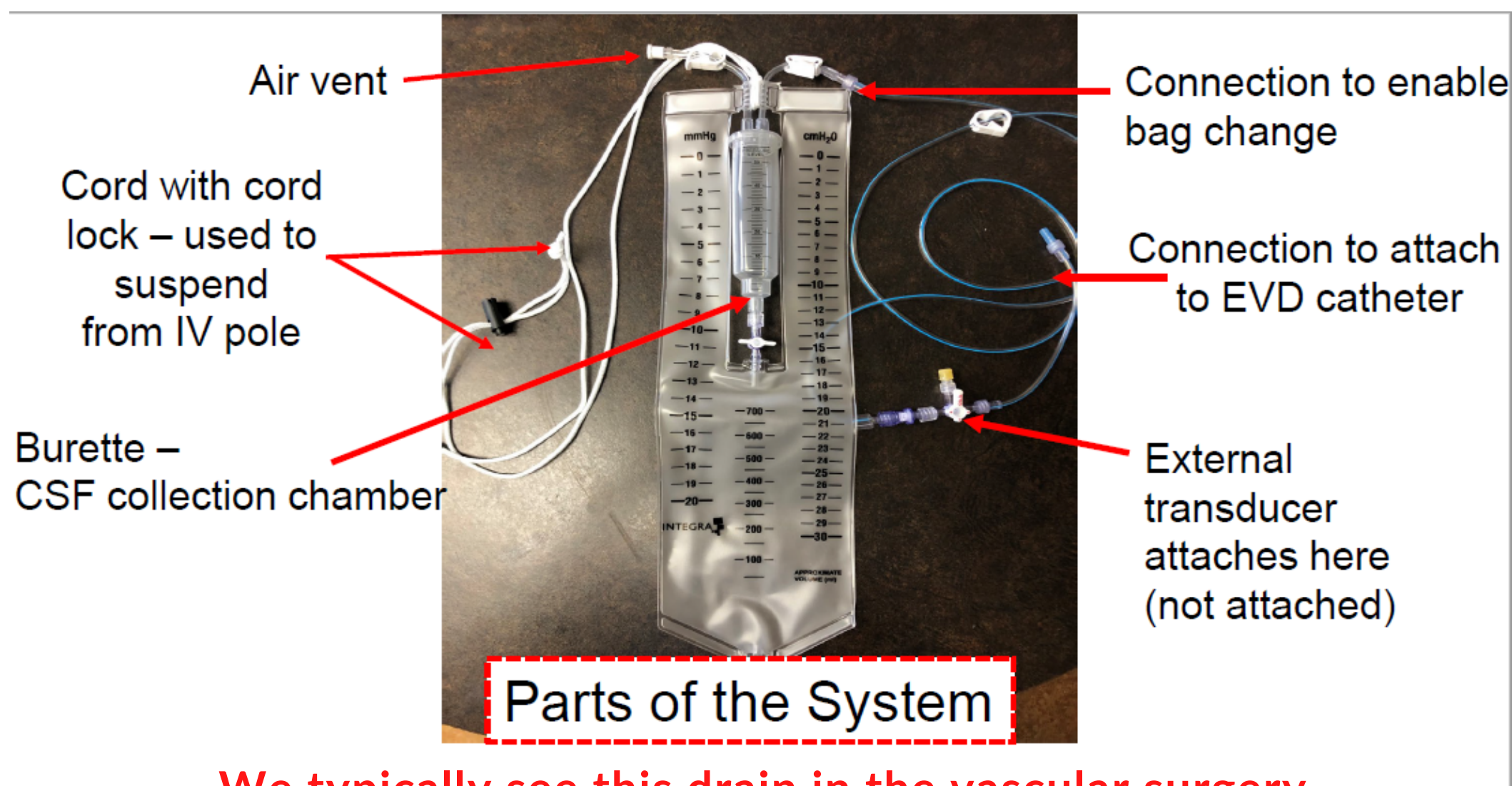


LUMBAR DRAINAGE SYSTEM SHORTAGE

TEMPORARY PRODUCT CHANGE

NP850-500 Ventricular Drainage System will temporarily replace our traditional drainage system. We are expecting a temporary 1-2 month gap in supply, potentially requiring the use of this drain



We typically see this drain in the vascular surgery population, for spinal cord decompression

What do you need to set up this drain?

1. Drainage System
2. Single Transducer
3. IV Pole
4. Preservative Free NS (to prime)



The transducer inserts into the stopcock on the drain tubing

PLEASE REFERENCE attached inservicing document for additional information and warnings. When you see this drain for the first time print off documents for bedside reference from www.vumc.org/cvicu

Assessment and Care of the Patient

1. Drains are zero'd at the mastoid process at the beginning of every shift and with any patient repositioning/movement.
2. First position the transducer at the mastoid process, then adjust your drain level to physician order. Vascular surgery typically orders the drain to sit at 10 mmHg.
3. This drain hangs from the IV Pole via a cord lock at the top of the drain. To move the drain you adjust the cord lock.
4. There is **NO** change in the method at which stopcocks transduce ICP or clamp the drain off to patient.
5. You **DO** have to position the transducer at the mastoid process, with the bag level'd per physician order every time you transduce an ICP (hourly)
6. The burette is drained every hour by turning the stopcock at the bottom.
7. When patients are transported, **CLAMP** the air vent.

Picture portrays how to zero the lumbar drain and ensure bag height is accurate.

