

Latex Free Swan Set-up and PA Cath Insertion Proctor Guide

By the end of this station, the learner should:

Identify the nurse's role in PA Cath insertion, supplies needed, and where to find necessary items; describe the differences in supplies available to providers for PA cath insertion (SLIC, MAC, VIP+, Pacing Swan, Latex Free)

-most items can be found in line carts

-Triple transducer, transducer holder, 1L pressure bag, 1L NS bag, PA cable/box, CVP cable/box, art line cable/box (when applicable), CO cable and box, CO output set up, 500ml NS bag, 2 flushes and 2 claves for VIP ports, flushes, caps for anyone in room, central line kit and PA cath kits found in the bottom drawer of line carts, hemostats/sutures/lidocaine if not in kit, CHG dressing

-have triple transducer primed, set up on monitor, and zeroed before provider is ready when possible

-ensure you have access to pigtails on transducers to flush when sterile drape is placed over patient

-reiterate that CO numbers, PA cath ports, central lines are not to be used until x-ray verification

Demonstrate proper technique for maintaining sterility when opening PA cath

-nurse to ensure provider performs timeout and maintains sterility

-nurse will open PA cath package for provider to grab

-when ready, provider will hand nurse the distal end of PA cath with the syringe (This portion is NO LONGER STERILE)

Properly describe the process for flushing PA cath prior to insertion (ensure swandom is on correctly)

-nurse to attach PA port to yellow transducer line, CVP port to blue transducer line, 1 clave/flush to each VIP port

- nurse to test balloon at the instruction of provider using only the included 3 cc syringe

-unit standard of care is to leave balloon down, without air in syringe, in unlocked position

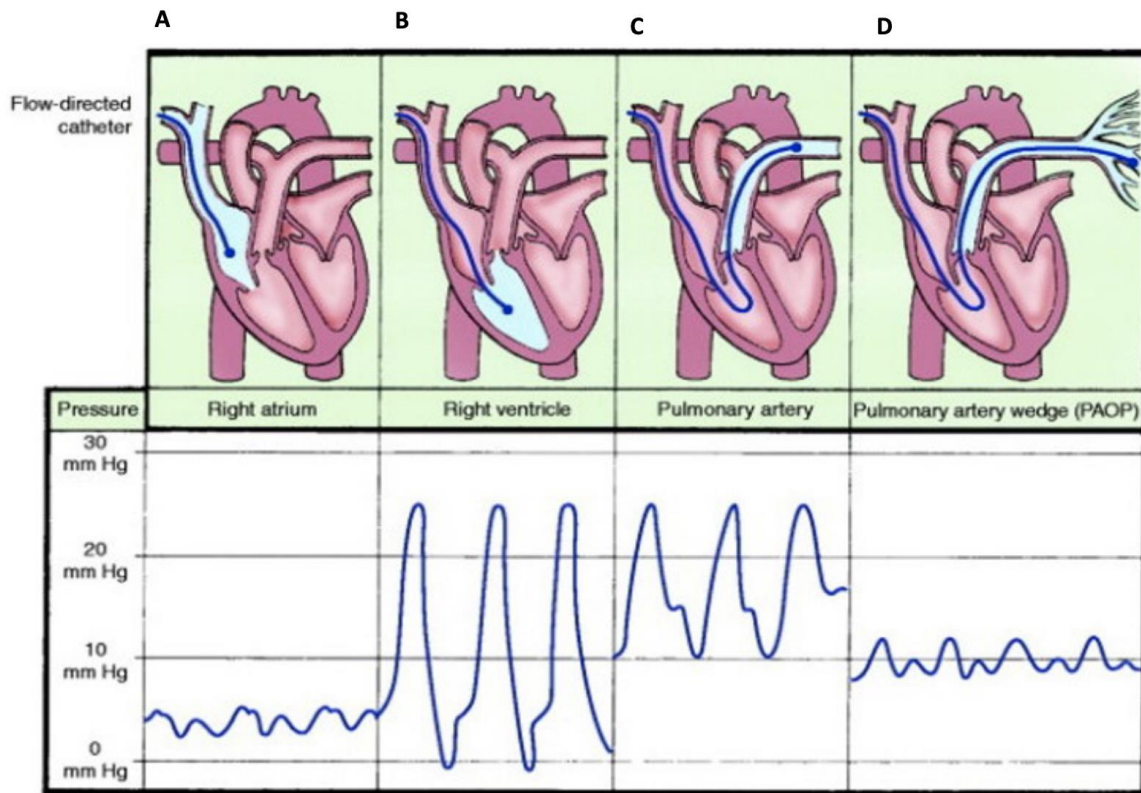
-when instructed, flush distal to proximal, ensuring no air remains prior to insertion

Ensure closed loop communication with provider, particularly surrounding the inflation and deflation of the balloon

-when the balloon should be up vs when balloon should be down, closed loop communication at all times (RN to indicate balloon up/ balloon down when provider asks)

-nurse to ensure provider is not pulling back as balloon remains up

Discuss different waveforms that RN and provider will see as PA cath is floated _____



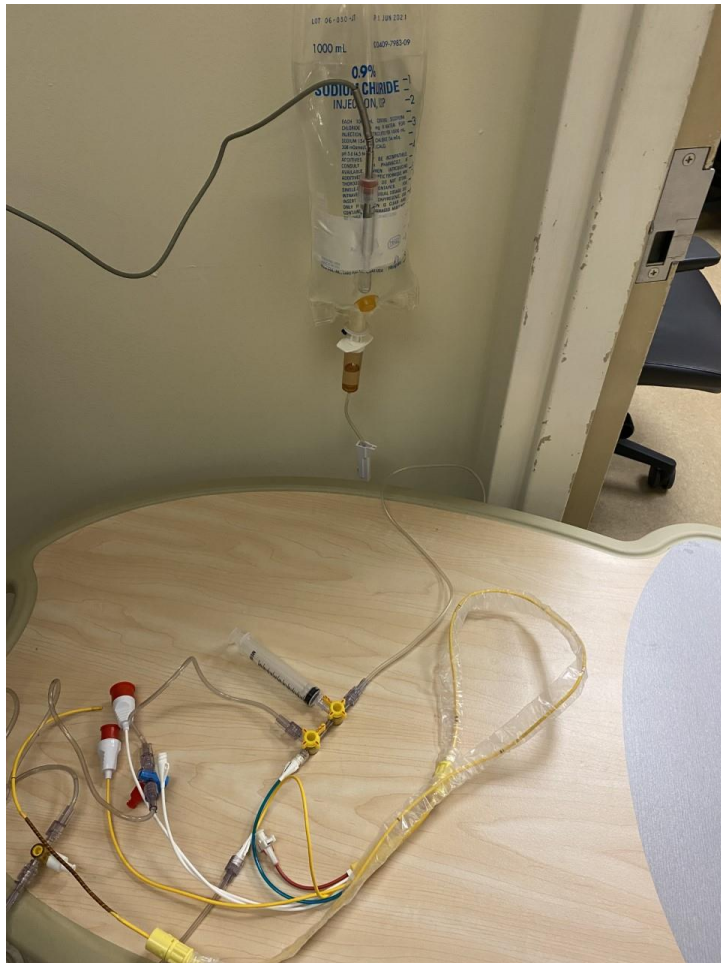
PAOP, pulmonary artery occlusion pressure

Figure 2.10 Normal Waveforms while floating a pulmonary artery catheter. From Urden, L.D., Stacy, K.M., Lough, M.E. [Eds.]. [2018]. Critical care nursing: Diagnosis and management [8th ed.]. Maryland Heights, MO: Elsevier.

-discuss how to pull up wedge screen and audible SpO2 monitoring for providers.

Describe proper set up of latex free swan

-supplies needed: latex free swan, latex free swan CO cable, 500ml NS bag, double stopcock, 10 cc syringe, secondary tubing, red preservative free tube, tape



Identify nursing care differences in latex free swan and VIP+ swan

-latex free swan set up and tubing changed daily
-computation constants

Equipment Needed:

Education PA caths, latex free swan CO set up, line carts (previous station)