Saskatoon Health Region	Policies & Procedures Title: **HEMODYNAMIC MONITORING CENTRAL VENOUS PRESSURE MONITORING** I.D. Number: **1101**
Authorization: [] Tri-Site Critical Care Committee [x] Tri-Hospital Nursing Practice Committee	Source: Critical Care Committee Cross Index: Date Effective: September 2013 Scope: **Saskatoon City Hospital** **Royal University Hospital** **St. Paul's Hospital**

1. PURPOSE

1.1 To minimize complications associated with invasive pressure lines.

1.2 To obtain accurate invasive pressure monitoring.

2. POLICY

Staff who will perform this procedure	Registered Nurses identified by their manager, will be certified in this Special Nursing Procedure to care for central venous pressure monitoring in accordance with the SHR policy.
Physician's order required	Yes
Special considerations	• All patients requiring invasive pressure lines will be cared for in targeted areas. • Attach pressure monitoring line to distal port of short-term central venous catheter. • Documents CVP readings q1h unless ordered otherwise. • All invasive pressure lines and flush solution changed every 96 hours. • Check amount of solution in bag and integrity of system every shift. • Obtain readings with patient no higher than 45 degree backrest elevation and 30 degree lateral rotation. • Zero pressure line(s) at the beginning of each shift, if the system is disrupted or if the validity of the measurements is suspect. • Ensure the transducer level is at the patient's phlebostatic axis.
Flush solutions	• ICU / OR / ER / PACU – Normal saline • Cardiology – 2 units Heparin / 1ml of normal saline

Alarm limits	• Monitor alarms limits should be kept so that alarms will sound when a change in patient status occurs. • Check alarm limits whenever zeroing pressure line, start of every shift, or change in patient condition.

3. PROCEDURE

3.1. Gather and prepare the necessary equipment according to Policy – Hemodynamic Monitoring – Setting up of Invasive Pressure Monitoring Lines #1033.
- Primed pressure tubing
- Transducer cable / module
- Pressure bag

3.2. Ensure scale is set appropriately.

3.3. Level the transducer to the patient's phlebostatic axis.

3.4. Attach the patient end of flush line directly to distal central venous catheter port.

3.5. Open stopcock to patient and observe for waveform on monitor.

3.6. Document:
- IV solution on the IV Infusion Record (if applicable).
- CVP readings on the vital signs record q1h.

4. REFERENCES

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