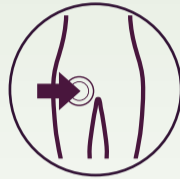


# POST VCD DEPLOYMENT

# NURSING CARE GUIDE

## 1. PATIENT ASSESSMENT

- **CHECK VITAL SIGNS** per hospital protocol



**Visual check** of femoral puncture site



**Palpate as required** to assess for bleeding, bruising/hematoma or swelling



**Keep puncture site clean and dry**



**Assess presence and quality of distal pulses** as compared to pre-procedure status. Use accepted hospital protocol for grading pulses






**Inspect lower extremity** for color, temperature, sensation

- At the **PUNCTURE SITE**

- **DISTALLY** from the puncture site

## 2. IF BLEEDING OCCURS

		
SITUATION	DESCRIPTION	NURSING CARE
<b>Oozing</b>	<ul style="list-style-type: none"> <li>• The procedure sheath has created a tissue tract to the artery, and it may fill with blood and saturate the dressings.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assess the source and intensity of bleeding</b> along with the condition of the site (hematoma, bruising, etc.).</li> <li>• <b>Apply light manual pressure</b> to the puncture site for approximately 2-3 minutes.</li> <li>• <b>Apply a sterile dressing</b> once hemostasis is assured, using accepted hospital protocol.</li> </ul>
<b>Active Bleeding</b>	<ul style="list-style-type: none"> <li>• This may present with pulsatile flow or enlarging hematoma.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Apply manual pressure</b> using accepted hospital protocol.</li> <li>• <b>Lower the head of the bed</b> if head of bed is elevated.</li> <li>• <b>Monitor vital signs.</b></li> <li>• <b>Apply a sterile dressing</b> once hemostasis is assured, using accepted hospital protocol.</li> <li>• <b>Notify the physician</b> of any change in the patient's status.</li> </ul>