

**604-D INTRA-AORTIC BALLOON PUMP MANAGEMENT**

**NOTE: PARAMEDICS MAY PROVIDE, OR ASSIST IN PROVIDING, MECHANICAL CIRCULATORY SUPPORT DURING INTERFACILITY TRANSPORT ONLY IF THEY HAVE COMPLETED SPECIAL ADDITIONAL TRAINING IN THE USE OF INTRA-AORTIC BALLOON PUMPS, INCLUDING APPROPRIATE CONTINUING EDUCATION, AND ARE PROPERLY CREDENTIALLED BY THE AMBULANCE SERVICE MEDICAL DIRECTOR TO OPERATE SUCH EQUIPMENT.**

**BEFORE TRANSPORT:**

Together with physician, nurse, or cardiovascular technical staff (as appropriate), ensure that intra-aortic balloon catheter is properly secured, check intra-aortic balloon insertion site for bleeding or drainage, confirm adequacy of distal pulses and perfusion, and record pre-transport intra-aortic balloon pump settings.

**NOTE: IT MAY BE NECESSARY TO USE A DOPPLER STETHOSCOPE TO CONFIRM PULSATILE FLOW IF CARDIOGENIC SHOCK IS SEVERE.**

Measure and record augmented systolic, mean, and diastolic blood pressure in addition to standard vital signs.

If the transport is not accompanied by a physician or nurse, obtain written order for intra-aortic balloon pump settings to be used enroute.

**NOTE: IF YOU ARE NOT FAMILIAR WITH THE TYPE OF INTRA-AORTIC BALLOON PUMP BEING USED, OR DO NOT FEEL COMFORTABLE WITH THE INTRA-AORTIC BALLOON PUMP SETTINGS PRESCRIBED BY THE SENDING PHYSICIAN, DO NOT ATTEMPT TRANSPORT. CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT) FOR FURTHER INSTRUCTIONS.**

Ensure that the intra-aortic balloon pump being used is properly functioning, that an acceptable ECG trigger is present, that its settings are correct, and that it is placed on standby, ready to be connected to the intra-aortic balloon catheter.

Assist physician, nurse, or cardiovascular technical staff (as appropriate) place hospital pump on standby and detach intra-aortic balloon catheter from hospital pump, then attach to transport pump, fill chamber, remove transport pump from standby, and begin pumping.

Assist physician, nurse, or cardiovascular technical staff (as appropriate) detach transducer set from hospital pump, then attach to transport pump. Zero and check blood pressure measurements. Compare with manual blood pressure measurements.

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*(continued)*

**DURING TRANSPORT:**

Continuously monitor augmented systolic, mean, and diastolic blood pressure in addition to standard vital signs.

In the event of mechanical failure, and the patient remains stable, attempt to identify and correct the problem. If the problem cannot be identified and corrected within twenty (20) minutes, detach intra-aortic balloon catheter from pump and manually operate intra-aortic balloon with 60 ml syringe and three-way stopcock.

In the event of mechanical failure, and the patient becomes unstable, attempt to identify and correct the problem. If the problem cannot be immediately identified and corrected, detach intra-aortic balloon catheter from pump and manually operate intra-aortic balloon with 60 ml syringe and three-way stopcock.

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate IS present, assist with intra-aortic balloon pump management on request, and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate is NOT present, proceed with cardiopulmonary resuscitation as indicated, and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

**NOTE: CARDIOPULMONARY RESUSCITATION AND DEFIBRILLATION MAY BE PERFORMED WHILE THE INTRA-AORTIC BALLOON PUMP IS FUNCTIONING.**

**AFTER TRANSPORT:**

Together with physician, nurse, or cardiovascular technical staff (as appropriate), ensure that hospital pump is properly functioning, that an acceptable ECG trigger is present, that its settings are correct, and that it is placed on standby, ready to be attached to the intra-aortic balloon catheter.

Place transport pump on standby, detach intra-aortic balloon catheter from transport pump, and assist physician, nurse, or cardiovascular technical staff (as appropriate) attach to hospital pump, fill chamber, remove hospital pump from standby, and begin pumping.

Record type and model of intra-aortic balloon pump used, settings employed in-transport, and augmented systolic, mean and diastolic blood pressures obtained post-transport, as well as any changes in patient condition, modifications in intra-aortic balloon pump settings, and unusual incidents occurring enroute, on Interfacility Transfer Report.