

This is for your learning for exams and clinical. For the HESI Skills listed utilize the LMS HESI calendar & HESI Across the Module sheet. Study guide answers will be released on LMS before Muddy Waters #2.

For questions contact Ms. Kilpatrick

HESI Skills: Critical Care Collection

- Arterial Catheter Insertion (assisting) Care, and Removal - review the extended sheet and take the quiz

HESI Skills Respiratory Collection

- Arterial Catheter Blood Sampling - review the extended sheet and take the quiz

<https://youtu.be/cw-NLUmHTv4> Arterial Line Removal Nursing Lecture (2016) live demonstration of arterial line removal on actual patient

<https://www.youtube.com/watch?v=9YzmimDY15s> Safe Set System from ICUmed 2012

Optional Videos

<https://youtu.be/zfQf-KK5mCc> Arterial Lines (Guide for Nursing Students by K. Sun, Army of Nurses (2015) (25.3 min) Explanations and visuals are good and easy to follow

<https://youtu.be/aJmQepDWVqw> Transducers in Invasive Pressure Monitoring (2016) (8.41 min) Basics of how a transducer works & why being level with phlebostatic axis is important. See video at 4.20 minutes. **Note:** Heparin is not used with NS for adult patients

<https://youtu.be/1naup00IZOQ> Arterial Line Management & Nursing Care (2017) Mometrix.com (7.5 minute) Good illustrations & explanations

1. How many mmHg should the pressure bag be maintained?

300 mmHg

2. List two reasons a patient would need an arterial line.

1. If the patient is experiencing cardiac arrest
2. If the patient is experiencing hemodynamic instability

3. What neurovascular and peripheral vascular assessments should be performed on a patient with an arterial line.

We need to assess the affected extremity including the color, temperature, capillary refill, and motor and sensory function and compare the findings to the unaffected extremity.

4. What medications can be given through an arterial line?

Vasoactive medications

5. What is the phlebostatic access and how does it relate to the arterial line transducer?

Phlebostatic axis is the anatomical point that corresponds to the right atrium and most accurately reflects a patient's hemodynamic status. It is located at the 4th intercostal space at the mid-anterior- posterior diameter of the chest wall. The transducer not being positioned at the phlebostatic axis is one of the most common causes of an overdamped waveform. Repositioning or raising/ lowering bed can change the position of the transducer. We need to make sure that the transducer is at the phlebostatic axis.

6. List three things to assess and document for arterial line removal
 1. Assess site for redness, pain, warmth, any signs of infection
 2. Make sure tip is intact after removal without clots
 3. Assess the color of the extremity and make sure the patient can move his digits after removal