

## Radial Artery TR Band Removal Protocol and Data Collection Tool

Patient Label \_\_\_\_\_

Date of Procedure (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Procedure Type (check all that apply):  Cor Arterio/LHC  PCI  Other \_\_\_\_\_

Parenteral Therapy (check all):  Heparin  Direct Thrombin Inhibitor  GP IIb/IIIa inh  Cangrelor  None

ACT performed:  NO  Yes → Time of Last ACT (hh:mm) \_\_\_\_:\_\_\_\_ ACT (secs) \_\_\_\_\_

### AIR REMOVAL PROTOCOL

|                             |  |  |   |
|-----------------------------|--|--|---|
| <b>Cath Lab</b>             | <b>Initial TR Band Application</b>   | ➤ Time (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Air in TR Band (mL): <input style="width: 40px;" type="text"/>   | ➤ <b>Hand</b><br><input type="checkbox"/> Right <input type="checkbox"/> Left   |
| <b>Holding Area Arrival</b> | <b>Perfused Hemostasis</b><br>➤ <i>With ulnar artery compression and pulse oximeter plesmography.</i>  | ➤ Time (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Air Removed from TR Band (mL): <input style="width: 40px;" type="text"/><br>➤ Air Remaining in TR Band (mL): <input style="width: 40px;" type="text"/> | <input type="checkbox"/> Achieved 1st attempt<br><input type="checkbox"/> Achieved on subsequent attempt<br><input type="checkbox"/> Unable to achieve  |
| <b>30 min</b><br>           | <b>Phase 1 Weaning</b><br>➤ <i>Remove 1/3 of the air in 1 mL increments over 3-5 minutes.</i><br>➤ <i>Observe for oozing/bleeding every 3-5 minutes.</i> | ➤ Time (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Air Removed from TR Band (mL): <input style="width: 40px;" type="text"/><br>➤ Air Remaining in TR Band (mL): <input style="width: 40px;" type="text"/> | ➤ <b>Bleeding?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → Replace 1-2 mL<br>➤ <b>Hematoma?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress and call fellow.                                |
| <b>15 min</b><br>           | <b>Phase 2 Weaning</b><br>➤ <i>Remove 1/3 of the air in 1 mL increments over 3-5 minutes.</i><br>➤ <i>Observe for oozing/bleeding every 3-5 minutes.</i> | ➤ Time (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Air Removed from TR Band (mL): <input style="width: 40px;" type="text"/><br>➤ Air Remaining in TR Band (mL): <input style="width: 40px;" type="text"/> | ➤ <b>Bleeding?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → Replace 1-2 mL<br>➤ <b>Hematoma?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress and call fellow.                                |
| <b>15 min</b><br>           | <b>Phase 3 Weaning</b><br>➤ <i>Remove 1/3 of the air in 1 mL increments over 3-5 minutes.</i><br>➤ <i>Observe for oozing/bleeding every 3-5 minutes.</i> | ➤ Time (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Air Removed from TR Band (mL): <input style="width: 40px;" type="text"/><br>➤ Air Remaining in TR Band (mL): <input style="width: 40px;" type="text"/> | ➤ <b>Bleeding?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → Replace 1-2 mL<br>➤ <b>Hematoma?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress and call fellow.                                |
| <b>15 min</b><br>           | <b>TR Band Removal</b>   | ➤ Time of removal (hh:mm) <input style="width: 40px;" type="text"/><br>➤ Time of hemostasis (hh:mm) <input style="width: 40px;" type="text"/><br>(if bleeding occurs after initial removal)                          | ➤ <b>Bleeding?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress x 10 min & contact fellow.<br>➤ <b>Hematoma?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress & contact fellow. |
| <b>60 min</b><br>           | <b>Post-removal Observation</b><br>➤ <i>Observe for oozing/bleeding</i>  | ➤ Time of discharge (hh:mm) <input style="width: 40px;" type="text"/>  | ➤ <b>Bleeding?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress x 10 min & contact fellow.<br>➤ <b>Hematoma?</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES → manually compress & contact fellow. |

- Where there any serious complications: need for transfusion, surgical consult, severe hematoma, severe discomfort, need for unplanned admission?  NO  YES  
 If Yes, please describe: \_\_\_\_\_

**SUBMIT DATA COLLECTION FORMS TO HA RESOURCE. THIS IS NOT PART OF THE OFFICIAL MEDICAL RECORD**

This Quality Improvement Form is NOT part of the permanent medical record. Please remove from chart.