

ARTERIAL PUNCTURE COMPLICATION PROTOCOL

New ooze, bruise or swelling?

PERSON 1

- Lie patient flat
- **APPLY FIRM CONTINUOUS PRESSURE with fingers for 20 minutes, 2 cm above the groin puncture site**

PERSON 2

- CVS observations, every 15 minutes for first 1 hour until medical review/imaging & take blood tests
- Contact Registrar for immediate review
 - Bloods for immediate review

Team to document

1. Time of pressure applied
2. Time referred to registrar
3. Datix if further intervention required

Registrar

1. Consider calling Vascular SpR
2. Document time referred to Vascular

ALL ARTERIAL PUNCTURES:

- **Nurses to visually inspect site and complete observations together at handovers**
- **Consider retroperitoneal haemorrhage** in any patient presenting with tachycardia and hypotension
- One chart per puncture site
- Mark around any bruising. If bruising exceeds markings, re-mark and apply pressure as above.

MONITORING OF PUNCTURE SITE:

- Vascular observations to be completed with every set of cardiovascular observations / restarting anticoagulants or antiplatelets / after mobilisation or repositioning the patient
- **Day 1 – per thrombolysis / arterial puncture protocol**
- **Day 2 – 2 hourly**
- **Day 3 and onwards – 4 hourly**

FEMORAL punctures:

- 6 hours TOTAL bed rest
- IPCs / flowtrons on both legs post procedure
- NO swallow screen during first 6 hours, patients can have a pre-screen completed
- Careful testing limb power on puncture site side (Ask patient to press foot down and wiggle toes)
- NO hip flexion beyond 90 degrees for 48 hours or stair assessments
- Support puncture site firmly with rolled towel upon mobilising or coughing
- Avoid constipation

RADIAL punctures only:

- Follow radial SafeGuard protocol provided
- Can sit up immediately. Once SafeGuard removed successfully, no restrictions on mobility
- For advice call INR nurses