

TR band removal without anticoagulation

1. Pt will return from cath lab with TR band applied and inflated. Cath lab personnel will bring the special TR band syringe to the bedside with the patient.
2. The band holds up to 18ml of air, please clarify with cath lab RN how much air is in the balloon upon arrival.
3. Maintain initial pressure for 45 minutes. This is from the time it was inflated. Clarify with the cath lab RN what that time was.
4. At the 45 minute mark, start deflating the balloon by 3 ml every 15 minutes.
5. If bleeding occurs, reinflate the TR band to the previous volume (but never more than 18ml) and maintain that volume for 30 minutes before starting the weaning process again.
6. As long as no bleeding occurs, take 3 ml of air from the TR band Q15 minutes until the band is completely deflated.
7. Keep the deflated TR band in place for 60 minutes before attempting removal.
8. After 60 minutes has passed and no bleeding has occurred, the TR band may be removed and sterile gauze with tegaderm should be applied.
9. The patient may ambulate during the 60 minute period when the band is deflated. Otherwise, they should remain in the bed or chair during the weaning process.

TR band removal WITH anticoagulation

1. Pt will return from cath lab with TR band applied and inflated. Cath lab personnel will bring the TR band syringe to the bedside with the patient.
2. The band should remain at the initial pressure for 2 hours after the Angiomax gtt has completed.
3. At that time, start to remove 3 ml of air Q15 minutes.

TR band removal WITH anticoagulation (cont)

4. Continue step 3 until the balloon is completely deflated.
5. If bleeding occurs, re-inflate the balloon with 3 ml to the previous pressure (no greater than 18ml) and wait 30 minutes before restarting the weaning attempt.
6. Continue deflating the TR band by 3 ml of air Q15 minutes until completely deflated.
7. After all the air is removed, the TR band should stay in place for 60 minutes.
8. If no bleeding occurs, remove the TR band and apply a sterile 2X2 gauze and tegaderm.
9. The patient may ambulate during the 60 minute period when the band is deflated. Otherwise, they should remain in the bed or chair during the weaning process.

Nursing assessment

1. Monitor VS Q15 minutes X 4, Q30 minutes X 2, Q1H X 4
2. Use the non-procedure arm for blood pressure measurements if able.
3. Monitor and assess Neurovascular function of the procedural limb with the ordered VS.
4. Monitor SpO2 on the index finger distal to the TR band.
5. Notify MD for absent or cool, pale, painful extremity of procedural extremity.
6. If after the TR band is removed and a hematoma develops, apply direct manual pressure over the puncture site using three fingers for at least 10 minutes.

post procedure instructions

1. Instruct patient not to manipulate wrist for 24 hours. Avoid activities such as golf, tennis or carpentry.
2. Dressing can be removed after 24 hours. They may leave it OTA at that time or cover with a band-aid.
3. Instruct patient If minor oozing occurs late (after D/C), apply a band-aid.
4. No soaking wrist for 3 days. Showering is permissible.
5. No driving for 48 hours.
6. No lifting greater than 5 lbs, with affected arm for 7 days.
7. If late severe bleeding should occur, instruct patient on how to hold pressure on the puncture site and call for medical help.

TR band QR code for application and removal



at approximately 4 minutes in the video, it shows the removal process of the TR band.



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