

minute for evidence of dysrhythmias or bradycardia

- **Blood pressure (BP)**, especially for hypotension, which may indicate hemorrhage from cardiac perforation or bleeding at the site of initial catheterization
- **Dressing**, for evidence of bleeding or hematoma formation in the femoral or antecubital area
- **Fluid intake**, both IV and oral, to ensure adequate hydration (Blood loss in the catheterization laboratory, the child's NPO status, and diuretic actions of dyes used during the procedure put children at risk for hypovolemia and dehydration.)
- **Blood glucose levels** for hypoglycemia, especially in infants, who should receive dextrose-containing IV fluids

Nursing Alert

If bleeding occurs, direct continuous pressure is applied 2.5 cm (1 inch) above the percutaneous skin site to localize pressure over the vessel puncture.

Depending on hospital policy, the child may be kept in bed with the affected extremity maintained straight for 4 to 6 hours after venous catheterization and 6 to 8 hours after arterial catheterization to facilitate healing of the cannulated vessel. If younger children have difficulty complying, they can be held in the parent's lap with the leg maintained in the correct position. The child's usual diet can be resumed as soon as tolerated, beginning with sips of clear liquids and advancing as the condition allows. The child is encouraged to void to clear the contrast material from the blood. Generally, there is only slight discomfort at the percutaneous site. To prevent infection, the catheterization area is protected from possible contamination. If the child wears diapers, the dressing can be kept dry by covering it with a piece of plastic film and sealing the edges of the film to the skin with tape. However, the nurse must be careful to continue observing the site for any evidence of bleeding (see [Family-Centered Care](#) box and [Critical Thinking Case Study](#)).

Family-Centered Care