

Management of femoral artery sheath in critical care

Please do not attempt to remove sheath without prior discussion

- In most cases an arterial closure device will be deployed
- If patient requires ICU care unexpectedly please discuss management of the sheath with interventional team within 24 hours of admission. Maintain pressurised saline infusion (30mls / hour via flow valve) via the sheath side arm

After sheath removal / on return to unit post angio

- Observe puncture site(s) each 15 mins for 2 hours then 30mins for 4 hrs then hourly for 24 hours
 - If haematoma develops / enlarges take immediate action to press firmly just above skin puncture site for at least 15 minutes and until bleeding stops. Pressure dressings etc are generally ineffective
- Monitor tpr for evidence of occult blood loss
 - Consider possibility of retroperitoneal haemorrhage
- Monitor peripheral leg pulses and leg perfusion
 - Consider possibility of femoral arterial occlusion

Contacting the interventional neuroradiology team

There is only weekday and alternate weekend cover for interventional neuroradiology but we would prefer to be informed about complications of femoral puncture, even out with these hours. Please try to contact the team.

- Phone angio lab (32029) for advice
- Discuss with interventional neuroradiology consultant (ideally consultant who has performed the case) by phone via switchboard
- Discuss with clinical nurse specialist by phone via switchboard

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