

## **Abdominal Compartment Pressure Monitoring with 2-way Foley Catheter**

### **Equipment:**

- 1 litre NS
- 1 pressure tubing set with transducer & art line extension
- 1 Kelly clamp
- 60cc luer lock syringe
- Non-sterile gloves

### **Procedure:**

- Hand hygiene and don non-sterile gloves
- Prime pressure tubing with NS
- Level transducer with bladder (mid axillary line in supine position)
- Cleanse sampling port with chlorhexidine and alcohol swab & connect end of pressure tubing into sampling port of urinary catheter bag using aseptic technique
- Clamp catheter drainage tubing with Kelly clamp
- Fill a 60cc luer lock syringe with 25cc NS and inject into bladder via rubber sampling port
- Turn stopcock off to syringe to obtain waveform( use appropriate scale)
- Remove non-sterile gloves and perform hand hygiene.
- Monitor q2-4 hrs document in patient's flowsheet.

### **Normal Values**

- Normal intra-abdominal pressure is 0 - 5 mmHg.
- Pressures > 13 mmHg may be sufficient to restrict perfusion to the organs of the gut.
- If the abdominal compartment pressure is between 16-25 mmHg, hypovolemic volume expansion therapy can be used to maintain the perfusion pressure gradient for the abdominal organs.
- When compartment pressures exceed 25 mmHg, decompression surgery should be considered to prevent organ damage.
- Pressure may rise rapidly with active bleeding. Edema (which occurs with any ischemic insult) will generally result in a later rise in the pressure (27 hours or more post insult).

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