

Checklist for Abdominal Compartment Pressure Monitoring

Ensure that [patient and health care provider safety standards are met](#) during this procedure including:

- Risk assessment and appropriate PPE
- 4 Moments of Hand Hygiene
- Procedural Safety Pause is performed
- Two patient identification
- Safe patient handling practices
- Biomedical waste disposal policies

Supplies:

- 1 litre NS
- 1 pressure transducer set with art line extension
- 2% chlorhexidine and 70% alcohol swab
- 30-60 ml Luer-lock syringe
- 1 Kelly clamp
- Non-sterile gloves
- Sterile antiseptic end cap and Luer-Lock cap (green)



Figure 1: Connected pressure tubing, drainage tubing clamped

Procedure (Refer to Figure 1):

- Hand hygiene and don non-sterile gloves
- Prime pressure tubing.
- Connect a 30-60 mL Luer-lock syringe to the needleless access cap
- Level and zero transducer to mid axillary line** with **patient supine** and **HOB flat** (approximate bladder)
- Scrub the sampling port on the urinary drainage tubing with swab and allow 1minute dry time
- Connect pressure tubing to the sampling port after the prep has fully dried (connection before prep has dried will make it difficult to disconnect)
- Ensure that bladder is empty, then **clamp the drainage** collection tubing with a Kelly clamp
- Turn stopcock "open" to the saline line and slowly (to avoid bubbles) fill syringe with 25 ml normal saline
- Turn stopcock on extension tubing "open" to patient and **instill 25 ml of saline** into the bladder
- Turn stopcock "off" to syringe (open to monitoring)
- Observe waveform** for expected baseline HR fasciculations and variability with breathing
- Wait 60 seconds** before measurement (allow bladder muscles time to relax after instillation of saline)
- Place hand on abdomen to assess; muscles should be relaxed when measuring pressure
- Record the pressure at **end of expiration (print waveform and identify pressure)**
- When finished, disconnect pressure tubing and place a **sterile disinfecting end cap** on tubing
- Place a **sterile antiseptic Luer-lock cap** on sampling port of urinary drainage tubing
- Maintain aseptic technique at all times to prevent bladder contamination.
- Remove Kelly clamp and observe for drainage of saline
- Remove gloves and perform hand hygiene
- Measure and document end-expiratory pressure in electronic record Q6H when indicated (if less than or equal to 12 mmHg) and Q4H and prn if greater than 12 mmHg. Place waveform in clinical record.
- Report pressure greater than 12 mmHg to provider.
- If IAP greater than 12 mmHg:** Review/initiate [Interventions for Intra-Abdominal Hypertension](#) in consultation with provider. Deep sedation or NMB is not required for IAP screening; consider to rule-out abdominal muscle influence or as an intervention if IAP greater than 12 mmHg.