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.

Brenda Morgan, Revised January 19, 2022; Reviewed January 16, 2025