

**Policy for Temporary Deferral
of Arterial Line Placement
During Vasopressor
Administration in CCTC**

March 26, 2019

LHSC Policy

Central venous **and** arterial line placement **continues** to be the LHSC hospital policy for the continuous infusion of vasopressors, ***except for the specific circumstances outlined in this presentation.***

When is it acceptable to defer the placement of an arterial line during vasopressor administration?

1. If vasopressor requirements are expected to be short term
2. If dosing requirements remain stable and the **patient is not clinically deteriorating**
3. Only ***single agent*** norepinephrine (maximum dose 12 mcg/min) **OR** dopamine (maximum dose 10 mcg/kg/min) is used
4. If the duration of peripheral vasopressors is less than 24 hours

Arterial Line Deferral

1. Arterial line placement is recommended during peripheral vasopressor administration to ensure accurate and timely blood pressure assessment
2. Arterial line placement is required if vasopressors require titration/patient is unstable
3. Arterial line placement is strongly recommended for patient comfort (frequent NIBP assessment can be painful and disruptive to sleep)
4. NIBP becomes less accurate/reliable when shock is severe

Deferral of Arterial Line

Must be ordered in Power Chart using the Crit Care Peripheral Vasopressor Power Plan.

The order must be approved by the Consultant or Senior Resident and the name of the approving physician entered electronically.

The deferral must be reassessed every 12 hours with Consultant (day shift) or Senior Resident (night shift).

Document the reassessment plan every 12 hours in the AI record.

Select Deferral of Arterial Line Placement Approved by Consultant/Senior will automatically be selected.

Navigation icons: Add to Phase Comments Start: ... Duration: ...

	Component	Status	Dose ...	Details
CRIT CARE - Peripheral Vasopressor Administration (Module) (Initiated Pending)				
Patient Care				
<input type="checkbox"/>	Peripheral Administration of Vasopressor Approved by Consultant/Senior Resident			
<input type="checkbox"/>	Assess Continued Administration of Peripheral Vasopressor With Provider			q12 hours
	**			
<input type="checkbox"/>	Deferral of Arterial Line Placement Approved by Consultant/Senior Resident			
<input type="checkbox"/>	Assess Continued Deferral of Arterial Line With Provider			q12 hours

“Assess Continued Deferral of Arterial Line With Provider” Select Deferral of Arterial Line Placement Approved by Consultant/Senior. This will generate a Q 12 Hour review reminder to your task list.

		Component	Status	Dose ...	Details
CRIT CARE - Peripheral Vasopressor Administration (Module) (Initiated Pending)					
Patient Care					
<input type="checkbox"/>			Peripheral Administration of Vasopressor Approved by Consultant/Senior Resident		
<input type="checkbox"/>			Assess Continued Administration of Peripheral Vasopressor With Provider		q12 hours
**					
<input type="checkbox"/>			Deferral of Arterial Line Placement Approved by Consultant/Senior Resident		
<input type="checkbox"/>			Assess Continued Deferral of Arterial Line With Provider		q12 hours

Documentation

Reassess need for arterial line placement every shift.

Document discussion and include the name of the approving Consultant/Senior Resident in the electronic order.

Reminders

- Very small changes in vasopressor dosing can have large impacts on blood pressure
- Use of NIBP for monitoring leaves prolonged periods of unknown blood pressure. Continuous monitoring is preferred.
- NIBP activation is disruptive and uncomfortable and may be inaccurate in shock states.

COMPLETE CERTIFICATION

Return to email and select the link to the certification quiz.