

# Swan-Ganz Catheter Insertion

INDICATION: \_\_\_\_\_

PROCEDURE OPERATOR: \_\_\_\_\_

ATTENDING PHYSICIAN: \_\_\_\_\_ In Attendance (Y/N) \_\_\_\_\_

**CONSENT:**

Consent was obtained from \_\_\_\_\_ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

**PROCEDURE SUMMARY:**

A time out was performed. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, sterile gown and sterile gloves throughout the procedure. The patient was placed in Trendelenburg position. LEFT / RIGHT chest region was prepped using chlorhexidine scrub and draped in sterile fashion using a three quarter sheet drape and sterile towels. The Swan-Ganz catheter was removed in sterile fashion from its package and the sheath was applied. All ports were flush by the nurse, and the catheter was calibrated and connected to the monitor. The pressure transducer was moved and an appropriate artifact was noted on the monitor. The catheter was then inserted through the diaphragm of the introducer catheter in a sterile fashion. At 15 cm, the balloon was inflated and the catheter was floated through the right atrium and right ventricle into the pulmonary artery. Appropriate wave forms were seen on the monitor at each step. The catheter was advanced in the pulmonary artery until a wedge position pressure tracing was obtained. The balloon was then deflated and return of the pulmonary artery pressure tracing was confirmed. During the floating procedure the position of the catheter tip was confirmed by continuous pressure monitoring through the distal tip of the catheter. The catheter was locked to the introducer catheter at the insertion site with the tip of the catheter at a distance of \_\_\_\_\_ cm from the lock. A sterile dressing was applied. Post-procedure chest x-ray and hemodynamic values are pending at this time.

**COMMENT:**

ESTIMATED BLOOD LOSS: \_\_\_\_\_ml

Physician Signature \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



VENTURA COUNTY MEDICAL CENTER  
SANTA PAULA HOSPITAL  
**SWAN-GANZ CATHETER INSERTION**

Patient Label  
or  
Two Patient Identifiers