UTMB NURSING PRACTICE STANDARDS POLICY - 7.15 Burns	Policy 7.15.25 Page 1 of 2
7.15.25 TraumaGuard Intra-Abdominal Pressure-Sensing System Formulated: 8/1/2024	Reformatted: N/A Revised: N/A

I. Title

TraumaGuard Intra-Abdominal Pressure-Sensing System

II. Policy

The purpose of this policy is to establish guidelines for the proper use, management, and documentation of the TraumaGuard Intraabdominal Pressure-Sensing System to ensure patient safety and accurate monitoring of intra-abdominal pressure (IAP).

TraumaGuard Intraabdominal Pressure-Sensing System is intended for use in the drainage of urine and continuous monitoring of intraabdominal pressure (IAP) and core body temperature (CBT). The measured IAP can be used as an aid in the diagnosis of intraabdominal hypertension (IAH) and abdominal compartment syndrome (ACS).

TraumaGuard (TG) should not be used if the patient has a known allergic reaction to silicone or polyurethane.

Use only under physician directive if the following patient conditions are known to exist:

- Known current urinary tract infection (UTI).
- Urethral injury or stricture.
- Recent urethral or bladder surgery.
- Prior transurethral resection of the prostate with a large tissue defect.
- History of abdominoperineal resection.
- Significant symptoms of urinary obstruction prior to treatment.

III. Procedures

Device Setup

- Connect the TraumaGuard sensor to the monitoring device following the manufacturer's instructions.
- Ensure the device is properly calibrated.

Insertion

- Place the patient in the supine position.
- Use sterile technique.
- Clean the insertion site with antiseptic solution.
- Lubricate catheter using a water-based lubricant.
- Insert the TraumaGuard catheter following manufacturer's instructions.
- Ensure the catheter is safely secured.

IAP Measurement

• Should be measured at the end of expiration.

- Performed in the supine position.
- Measured at the level of the iliac crest mid auxiliary line.

Patient Monitoring

- Assess the patient for signs of increased intra-abdominal pressure.
- Reportable conditions include hypotension, decreased cardiac output, oliguria, anuria, hypoxia, respiratory distress, abdominal distention, or altered mental status.

Documentation

- Record IAP readings in the patient's medical record immediately after measurement.
- Document any clinical signs or symptoms associated with increased IAP.
- Note any interventions taken in response to elevated IAP readings.

Maintenance

- Inspect the TraumaGuard system regularly for signs of damage or malfunction.
- Replace the catheter and sensor as recommended by the manufacturer or if any issues arise.

Troubleshooting

- If inaccurate readings or malfunctions occur, check all connections and recalibrate the device.
- Refer to the manufacturer's troubleshooting guide for further assistance.
- Contact the biomedical engineering department if issues persist.

IV. Definitions

<u>Abdominal Compartment Syndrome (ACS):</u> an intraabdominal pressure (IAP) equal to or greater than 20 mmHg that is associated with new organ dysfunction or failure.

<u>Intraabdominal Hypertension (IAH):</u> A sustained or repeated pathologic elevation of intraabdominal pressure (IAP) equal to or greater than 12 mm Hg.

V. Additional References

Elsevier. 2024. Intraabdominal pressure monitoring. https://point-of-care.elsevierperformancemanager.com/skills/118/extended-text?
skillId=CC 110&virtualname=univtexasmedbranch-txgalveston#scrollToTop

Sentinel Medical Technologies. 2024. *TraumaGuard intra-abdominal pressure sensing system: Instructions for use.*

VI. Dates Approved or Amended

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Reviewed with Changes Reviewed without Changes	