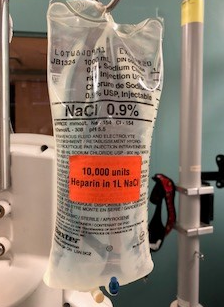
**TAVI – Circulating Nurse Responsibilities**

**Pre-Patient Arrival**

* Arrange furniture in the room *(see picture)*
* Set up the med-rad
* Make 3 bags of Heparinized-saline for flush and label the bags



**On Patient Arrival**

* Patient will be given conscious sedation only *(unless otherwise discussed)*
* Defibrillator pads positioned under each axilla *(the traditional positioning shows under x-ray).* Connect Defibrillator pads before the start of the case
* Cautery pad on buttock or arm *(used only as backup)*
* Check pedal pulses and mark to determine changes post procedure *(Fellow to-do)*
* For radial approach, right arm extended on arm board - Palm up
* Tuck left arm
* Position patients feet hip distance apart to aid in access, blanket on lower legs
* Fellow will prep skin from collar bone to knees
* Nurse to hold up the patients right arm for draping
* No Foley catheter needed

\*\*Ensure that pump eligibility is discussed during the time out \*\*

**Intra-op**

* Call for the patients bed depending on where the patient is going post-op *(check list)*
* Be at the defibrillator for *rapid* *pacing as defibrillation may be needed after*
* Prep next case cart and prepare Heparinized-saline flush for next case
* Pick all TAVI items from TAVI Pyxis
* Once the valve is deployed call TL to confirm we can proceed with next patient, then call for lines for the next patient
* Call post-op location when valve is deployed to confirm room and give the nurse report
* Fill out TAVI handover tool *(see documentation section)*
* Refer to documentation section for documentation tips *(valve, medication etc…)*

**Post-op**

* Open a TR band at the end of the case. Place the syringe in bag in labeled bag in patients chart. Char the amount of air used on the Handover tool
* Clean and dry groin
* Apply opsites as needed
* Call attendant once the opsites are on patient
* Transfer patient to post-op location with monitor