IABP

**Position**
- Supine
- Aseptic technique

**Landmarks**
- CECMADE
- Check the length for insertion using the angle of Louis (level of T4) as the surface landmark prior to insertion

**Insertion Point & Technique**
- Seldinger technique
- Femoral artery 12F introducer
- Equipment: 1. Image intensifier 2. Select size by patients height: <165cm: 34ml balloon >165cm: 40ml balloon
- Drugs: Local anaesthetic

**Things to avoid**
- Occlusive dressing
- Suture in place

**End Point**
- The double black marker on the balloon catheter must be visible indicating that the balloon has fully exited the sheath
- Connect to the pressure transducer and pump & pressure the IAB fill button & wait for completion
- Press the assist / standby button to start the pump
- Start on minimal augmentation and increase to maximum

**Set timing:**
- Balloon inflation at dicrotic notch
- Balloon deflation at R wave

**Contraindications:**
1. Aortic regurgitation
2. Aortic dissection
3. Severe peripheral disease
4. Tachyarrhythmias (relative)
5. Coagulopathy (relative)

**Dressing**
- Occlusive dressing
- Suture in place

**Check**
- Check CXR post insertion for tip of IABP distal to the origin of the left subclavian artery by 3cm

**Position Check**
- Insert to T4
- The double black marker on the balloon catheter must be visible indicating that the balloon has fully exited the sheath