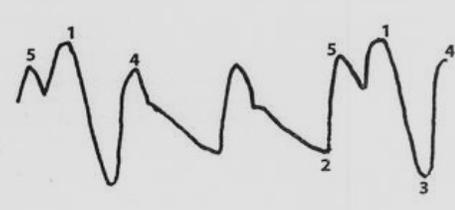


MEDICAL RECORD

INTRA AORTIC BALOON PUMP FLOWSHEET

DATE / TIME	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
IAB Status Indicator Function Correct – Yes / No																				
(1) Diastolic Augmentation																				
(2) Unaugmented Diastole																				
(3) Diastolic Dip																				
** Diastolic Difference																				
(4) Augmented Systole																				
(5) Unaugmented Systole																				
Inflation Point / Timing Mode – (A) or (M)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Deflation Point / Timing Mode – (A) or (M)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
IABP Frequency – 1:1, 1:2, or 1:3																				
Augmentation Alarm Limit Set – Yes / No																				
Initials																				
DATE / TIME	/	/	/	** Determined by 2 minus 3																
Transducer Zeroed				Optimum : 5 – 20																
IABP Augmentation (1 – 10) (System 97 – Each Green Light)				(1) Diastolic Augmentation																
Trigger Utilized				(2) Unaugmented Diastole																
Slow Gas Leak Alarm Position – On / Override				(3) Diastolic Dip																
Timing – Auto (A)				(4) Augmented Systole																
IABP Fill – Auto (A)				(5) Unaugmented Systole																
Flush Pigtail Q 1 ^o – Small Volume & Slowly				 <p>Pump Frequency 1:3</p>																
Initials:																				
Signatures: (R.N.)																				

**INTRA AORTIC
BALOON PUMP
FLOWSHEET**

DATE

ADDRESSOGRAPH

Patient Identification

Nursing Reports Manual
 NIH-2797 (10-00)
 P.A. 09-25-0099
 File in Section 6: Nursing Manual Reports

