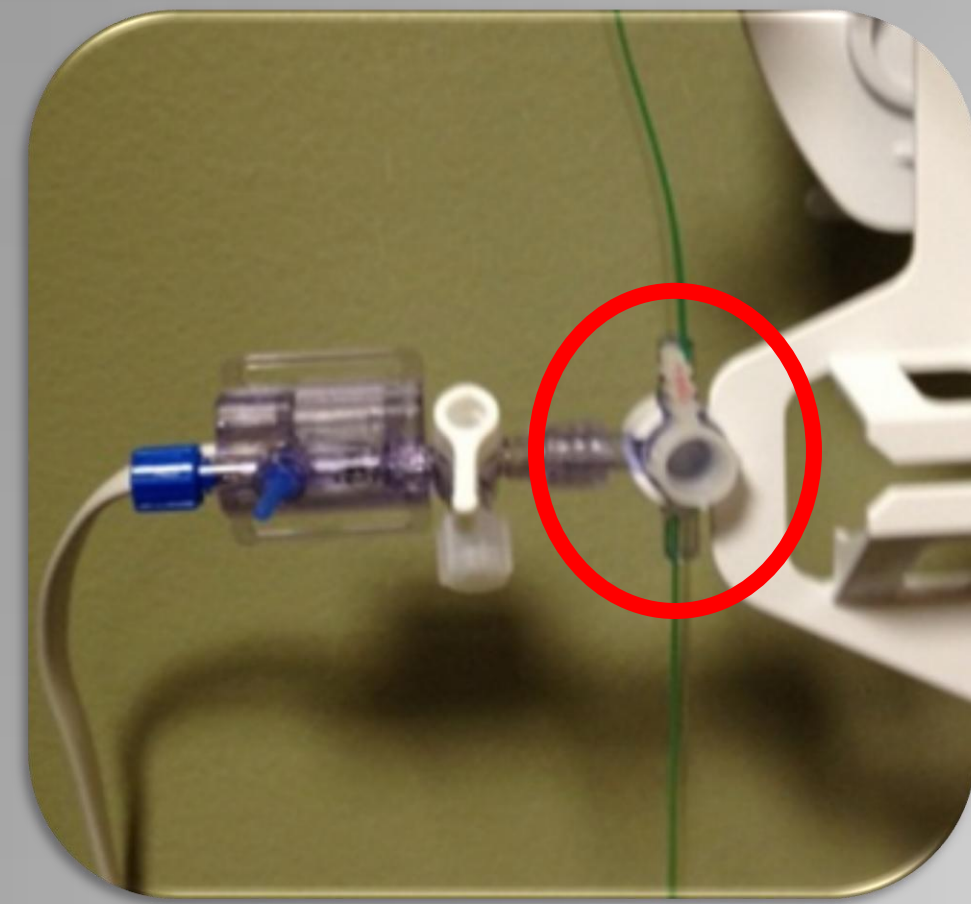
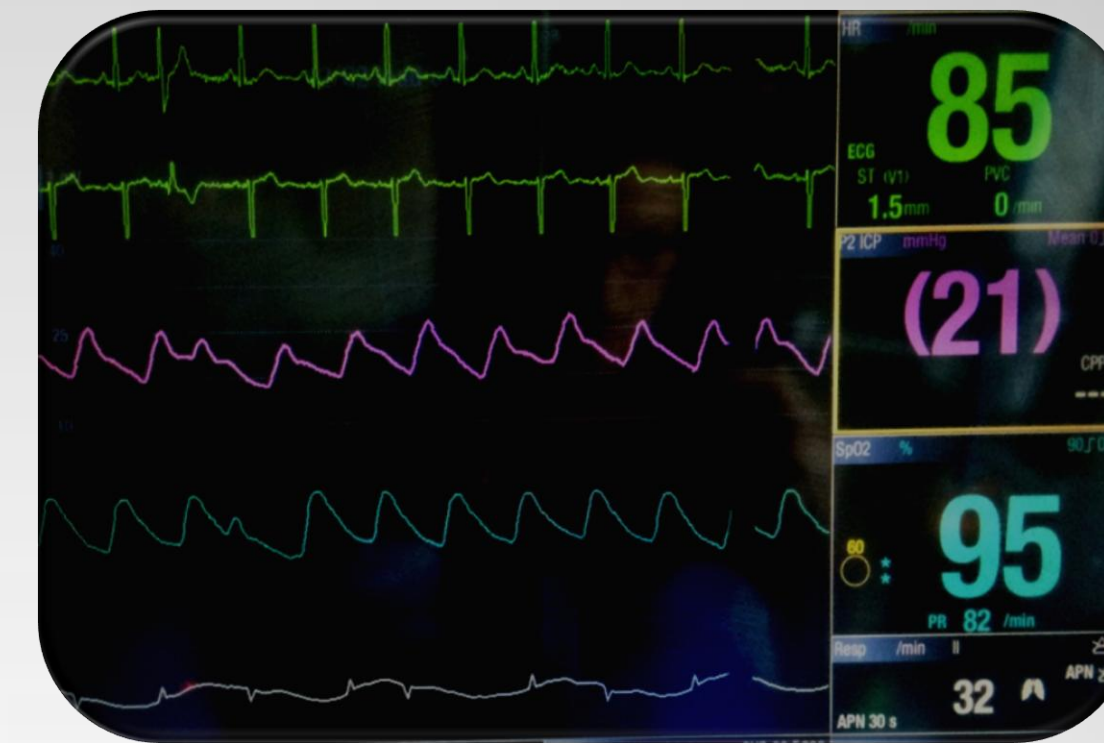


Extraventricular Drainage System and ICP Monitoring



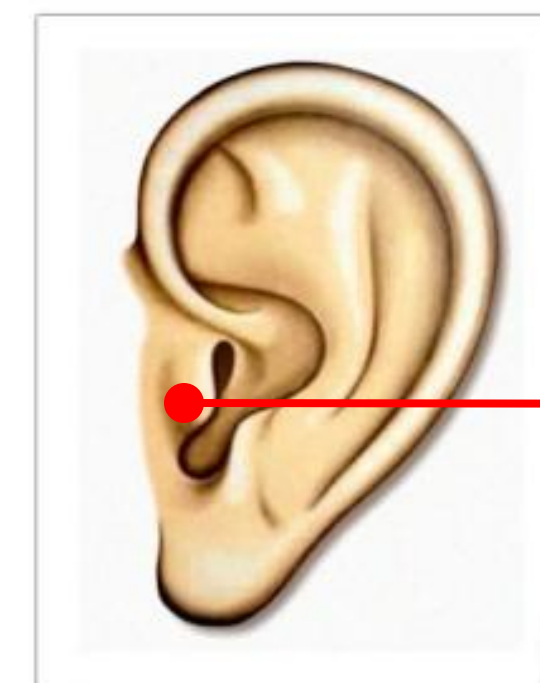
Monitoring ICP

- Transducer is open to patient (off to drain)
- ICP waveform and measurement should appear on monitor
- If ordered to leave open to drain, check ICP hourly and with neurological changes



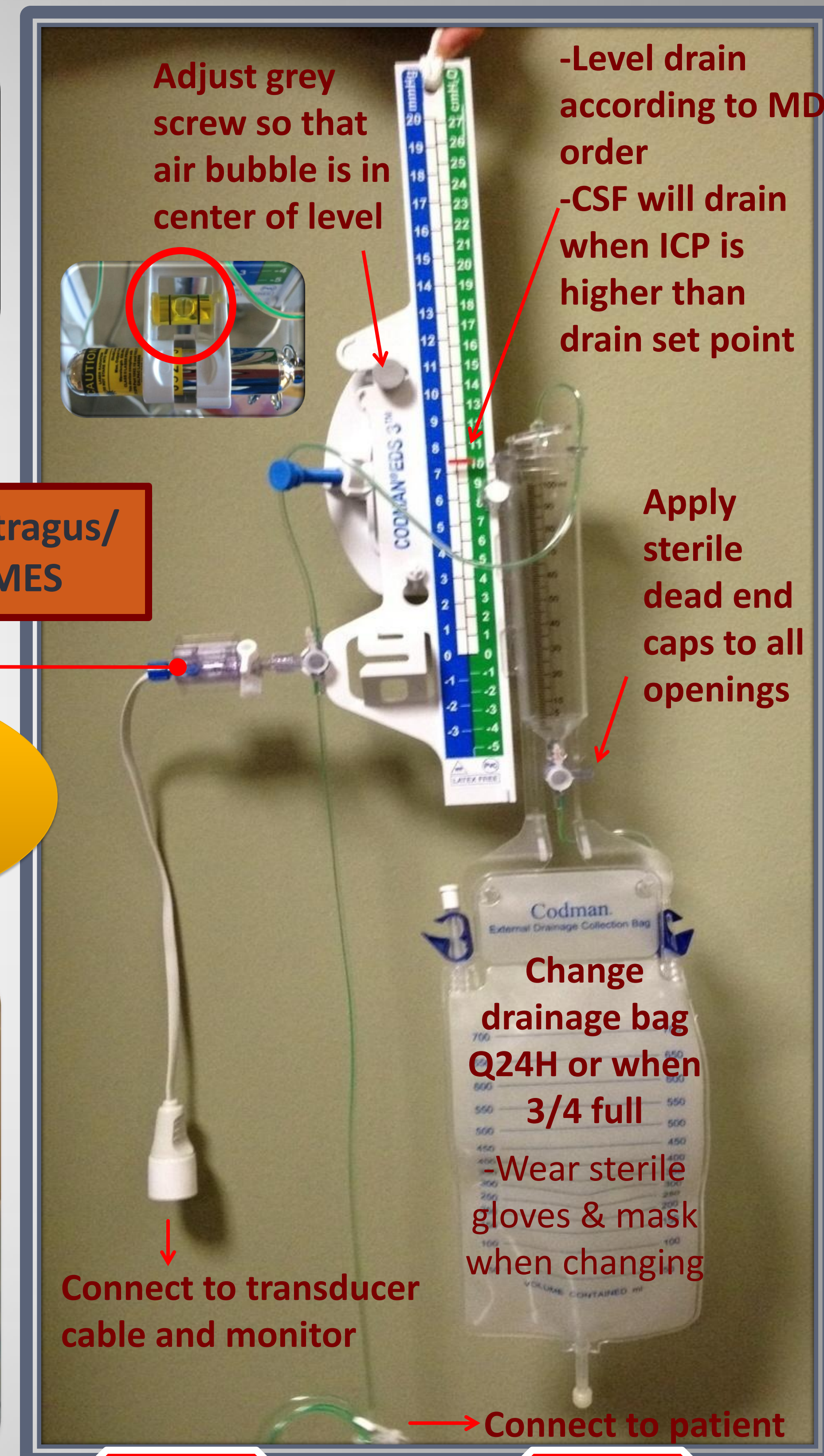
Zero Q shift, when re-connecting to monitor, & with every position change

1. Ensure transducer is level
2. Turn stopcock off to patient
3. Drop drain to 0 cmH2O
4. Zero on monitor
5. Return stopcock & drain to proper position based on orders



Level transducer with tragus/ inner ear AT ALL TIMES

ALWAYS clamp EVD when travelling, repositioning patient, coughing, vomiting, or suctioning to prevent overdrainage



Draining CSF

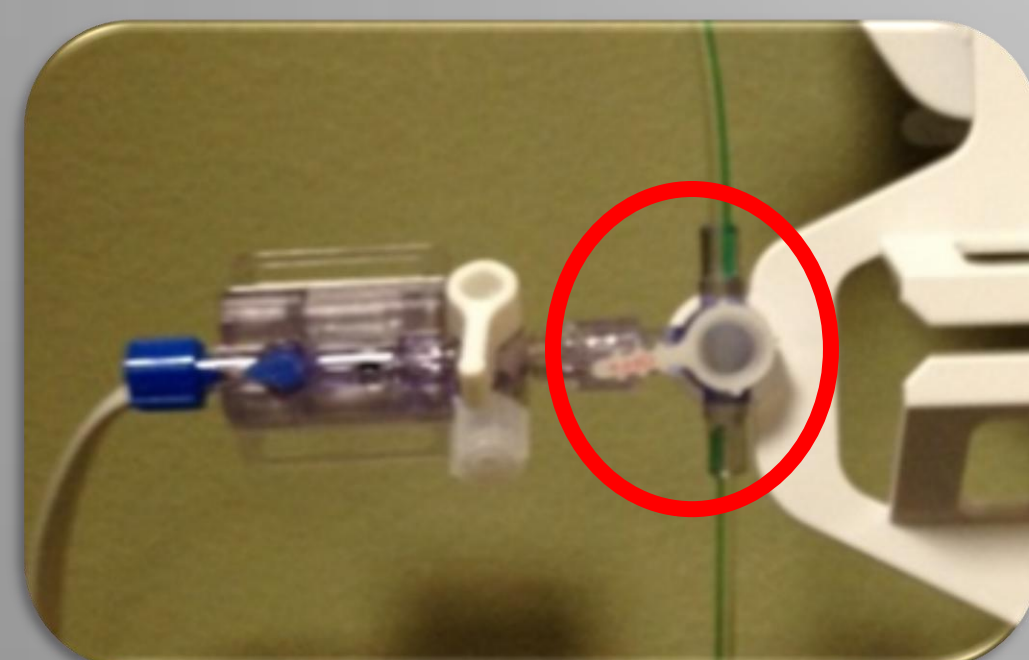
- Drain is open to patient (off to transducer)
- Fluid will drain if ICP rises above level of drain
- Transducer MUST be level with foramen of Monro (Inner ear)



-Stopcock remains off to burette

Turn stopcock to drain CSF in burette to bag Q1 hour

- Record amount from chamber on I/O flowsheet
- Notify Neurosurgery if:
 1. Drainage >30cc
 2. No drainage for >2 hours
 3. Drainage color change
- Turn stopcock off to burette after draining



NEVER flush drainage system
If clot suspected contact MD to flush system

NEVER lay drain in the bed
This can lead to drainage system failure