

TR BAND[®]

Radial Compression Device

- Used to hold pressure after procedures involving radial artery punctures
- Procedural area reports **what time** it was placed and **how much** air was injected
- Removal instructions found in the Kardex
- Assess for bleeding, hematoma, or signs of compromised circulation
- Once removed, the band **cannot** be reapplied by nursing
- Educate patients to refrain from rotating affected wrist or pushing/pulling/lifting



TR BAND REMOVAL INSTRUCTIONS ONE TIME Discontinue

Comments: 1. Leave the TR band fully inflated TWO HOURS post procedure with the affected arm secured across the palm and below the elbow to an arm board. 2. After the time indicated above has past the RN will place syringe on one-way side port. 3. Withdraw 3-4 mL of air with syringe attached to one-way port from balloon every 15 minutes until all air is removed from balloon and there is no bleeding. 4. If bleeding occurs the RN should re-inject 1 mL of air at a time until bleeding stops and then wait 15 minutes before repeating step 3 again. 5. Once hemostasis is achieved, remove TR band and observe for bleeding. 6. If no bleeding occurs, place sterile 2X2 gauze over radial puncture site. 6. Place Opsite over gauze to maintain an occlusive dressing. 7. The arm board may be removed 4 hours after hemostasis if no re-bleeding occurs.

Duration: 1 Occurrences

Priority: Routine