HEALTH SERVICES

CODE: B.7

NURSING PROCEDURE

TITLE: BAKRI BALLOON
   A. Assisting with Insertion
   B. Assessment and Maintenance
   C. Transfer Criteria
   D. Removal

CATEGORY: RN – General
          RPN – General

PURPOSE

- To monitor and manage patients with Bakri balloon insitu for postpartum hemorrhage.

NURSING ALERT:

- Bakri Balloon must be inserted by MRP in the event of a postpartum hemorrhage within 24 hours of delivery.

EQUIPMENT

1. Personal Protective Equipment (PPE)
2. Bakri® Balloon Kit (with syringe)
3. Sponges
4. Normal Saline
5. Urometer drainage bag

PROCEDURE

A. ASSISTING WITH INSERTION

1. Bring equipment into room.
2. Explain to patient and/or support person indications for Bakri Balloon.
3. Provide support to patient throughout procedure.
4. Ensure patient has IV access with #16 or #18 gauge cathlon.

Approved: October 4, 2017
5. Insert Foley catheter, if not already in place.

6. Perform hand hygiene and don PPE.

7. Draw up predetermined amount of normal saline into provided 60 mL syringe.

8. Assist physician, when indicated, by attaching syringe of normal saline to stopcock on Bakri balloon and infiltrate with predetermined amount of normal saline, no more than 500 mL.

9. Ensure stopcock is closed when infiltration complete.

10. Ensure Bakri balloon ports are tightened and locked, and hourly drainage bag attached.

B. ASSESSMENT AND MAINTENANCE

NOTE: Refer to Pre-Printed Physician Orders, Bakri Balloon for Management of Postpartum Hemorrhage.

1. Perform hand hygiene and don gloves and safety glasses.

2. Ensure Foley catheter insitu, drainage ports are tightened, and drainage bag attached.

3. Manage patients on strict bedrest until balloon catheter is removed. Semi-fowler position is acceptable.

4. Administer oxytocin infusion and antibiotics, if ordered by MRP.

5. Monitor, assess and document:
   - every 15 minutes for 2 hours.
   - then every 30 minutes for 2 hours.
   - then every 1 hour for 6 hours.
   - then every 4 hours until removal of the Bakri balloon.

NOTE: More frequent monitoring may be required. Use nursing judgement.

6. Monitoring and assessments include, but should not be limited to the following:
   - Blood pressure, pulse, oxygen saturation, temperature, cramping, pallor, active vaginal bleeding and fundal height assessment.
   - Drainage output from Bakri balloon.
   - Urinary output.
   - Tubing is free of kinks or loops.

NOTE: Fundal massage not recommended.

7. Administer analgesia according to patient’s pain assessment.

8. Alert MRP if:
   - Urinary output is less than 30 mL/ hour.
   - Bakri balloon drainage greater than 50 mL/hour.
C. TRANSFER CRITERIA

1. Transfer to postpartum unit will occur once nurse patient ratio of no greater than 1:2 has been arranged and the following criterion is met:
   - Stable V/S.
   - Minimal drainage from Bakri Balloon (less than 50 mL/ hour).
   - Urinary output (greater than 30 mL/ hour).

NURSING ALERT:

- Transfer patient by bed while Bakri balloon is in place.

2. Giving report will include reason for Bakri balloon placement, time of placement, amount of saline instilled in Bakri balloon and number/type of vaginal packing.

3. Document vital signs, assessments and amount of drainage in the Bakri balloon drainage bag, urinary catheter drainage bag and IV fluid levels. Totals will be calculated at end of each shift and recorded on the Intake/Output graph.

D. REMOVAL

NURSING ALERT:

- Timing of removal determined by MRP. Bakri Balloon generally will not be left indwelling for more than 24 hours. Balloon may be removed earlier or later at discretion of MRP.
- Bakri Balloon catheter must be removed by MRP or designate.
- Some MRP’s will remove Bakri balloon slowly deflating a little at a time and some will remove all at once.

1. Monitor patient following removal of Bakri balloon as follows:
   - every 15 minutes x 2.
   - then every 30 minutes x 2.
   - then hourly x 2.

2. Monitoring will include, but should not be limited to the following:
   - Blood pressure, pulse, oxygen saturation, temperature.
   - Cramping, pallor, active vaginal bleeding and fundal height assessment.

2. Maintain IV access until after Bakri balloon removed, as per MRP orders.

REFERENCES

Cook Medical (January 2012) Bakri Postpartum Balloon. Cook Incorporated Bloomington, IN, USA.


Olson, Karla; Baron, Felice; Dietz, Debbie; Paliani, Denise; Casey, Suzanne; & Marietta, Renee (September 2013) Nursing Procedure Title: Bakri Balloon Catheter for Postpartum Hemorrhage, Sarasota Memorial Hospital Florida

Royal University Hospital, Saskatoon, Saskatchewan (February 2011) Labour and Birth Policy and Procedure Manual-Bakri Balloon Insertion for Treatment of Postpartum Hemorrhage

Royal Women’s Hospital, BC (October 15, 2013) Policy, Guideline and Procedure Manual Postpartum Haemorrhage – Bakri Balloon Tamponade

Women’s Health Grey Nuns, Misericordia, GNH/MCH (June 2013) Procedure: Balloon Catheter Bakri Tamponade Use of in Obstetrics


Written By: Jana Poitras, CNE – Mother/Baby Unit, Jolene Hanowski, CNE – Labor & Birth Unit, Francesca Carteri Bitz, CNE – Labor & Birth Unit

Date: September 2017

Approved by RQHR Procedure Committee:

Date: 4-Oct-17

Keyword(s): Bakri Balloon