

Problem	Cause	Prevention	Intervention
1- No waveform on monitor	Transducer not open to catheter	Check stopcocks for proper check and correct stopcock	Check and correct stopcock position
	Setting on bedside monitor incorrect on-cal, zero, or off	Use correct setting on bedside monitor	Check scale setting and monitor setup
	Catheter clotted.	Maintain continuous flush.	Aspirate blood clot. Do not irrigate.
	Faulty transducer.		Check function of transducer with mercury, water manometer or transducer tester / simulator. Change transducer, if necessary.
2- Damped waveform	Improper scale selection.		Change to proper scale
	Air bubbles in tubing.	Flush system to gravity. Remove air bubbles during pressure monitoring setup	Flush air bubbles from system.
	Blood clot partially occluding catheter tip.	Maintain continuous flush with heparinized solution.	Aspirate clot with syringe and flush with heparinized solution.
	Forward migration of catheter. Catheter tip occluded by balloon or vessel wall.		Reposition patient. Have patient cough and deep breathe. Reposition catheter by rotating or pulling back while observing waveform.
	Leak in setup.	Tighten all connections and stopcocks before use.	Tighten any loose connections. Change faulty transducer, etc.
	Pressure infusion cuff. Not inflated to 300 mmHg.	Inflate pressure infusion cuff to 300 mmHg.	Reinflate pressure infusion cuff. Replace cuff if faulty.
3-False low measurement	Transducer level too high.	Check level periodically. Level air-fluid port of stopcock closest to transducer to phlebostatic axis.	Re-level transducer air-fluid interface to phlebostatic axis.
	Improper zeroing.	Check monitor settings. Observe waveforms closely. Do square wave test once a shift.	Re-zero monitor.
4-False high measurement	Transducer level too low.	Check level periodically. Level air-fluid port of stopcock closest to transducer to phlebostatic axis.	Re-level transducer air-fluid interface to phlebostatic axis.
	Improper zeroing.	Check monitor settings. Observe waveforms closely. Do square wave test once a shift.	Re-zero monitor.
	Ringing	Excess tubing length.	Use shortest tubing length possible (1-1.2 m, 3-4 ft).

Problem	Cause	Prevention	Intervention
5-Change in configuration of waveform (noisy or erratic tracings)	Incorrect catheter position.		Reposition patient. Obtain chest x-ray. Reposition catheter, if necessary.
	Loose connections in catheter and/or transducer system.		Tighten loose connections.
	Electrical interference.		Check transducer and monitor connections.
6-Catheter fling/whip in waveform	Excessive movement of catheter.	Correct catheter placement in pulmonary artery.	Catheter may require repositioning.
	Excessive stopcock usage.	Limit number of stopcocks.	Eliminate excess stopcocks.
7-Bleedback into tubing or transducer	Loose connections.	Return stopcocks to proper position after use.	Replace transducer if contaminated with blood. Tighten connectors.
	Pressure infusion cuff below 300 mmHg.	Keep pressure infusion cuff inflated to 300 mmHg.	Replace transducer if contaminated with blood. Tighten connectors.
8-Sepsis	Organisms introduced into bloodstream.		Remove catheter as ordered. Antibiotics as ordered.
	Poor sterile technique setup and maintenance.	Use aseptic technique when inserting catheter. Use aseptic technique when drawing blood samples. Maintain closed system.	Remove catheter as ordered. Antibiotics as ordered.
	Prolonged catheter use.	Remove catheter after 72 hours.	Remove catheter as ordered. Antibiotics as ordered.
	Bacterial growth in IV fluid	Change IV fluid according to unit policy.	Remove catheter as ordered. Antibiotics as ordered.
		Use sterile non-vented caps on all stopcock parts.	Remove catheter as ordered. Antibiotics as ordered.

The information in this instruction has been carefully checked and it is believed to be accurate. Please consult your hospital's specialist for further information.