Nursing responsibilities for rotablation

Rotational atherectomy is used in patients with highly calcified coronary arteries where it is very hard to perform percutaneous transluminal coronary angioplasty (PTCA) procedures. Operating nurses have to know all phases of the procedure, anatomy and physiology, usage of aseptic methods. Importance of the work process in the operating room, high level of professional education, knowing skills of high-quality maintain high quality of health care is a must-have in these procedures.

Rotablation represents an addition to the standard PTCA procedure, it makes treatment of calcified vessels easier and less risky. Nurse is responsible for assembling and material integrity. She needs to cooperate and support the interventional cardiologist, notify and check for ECG changes. Important responsibilities of nurse before rotablation are:

1. System set-up:
   - Connect foot pedal to console
   - Connect air hose to air supply
   - Connect air supply to console
   - Open gas tank to pressurize system

2. Rotablation flushing cocktail: verapamil, nitrates and heparin in saline

3. Component set-up:
   - Attach advancer to the console
   - Attach saline infusion port to IV pressure bag
   - Open irrigation line
   - Backload burr catheter into guidewire
   - Connect wire clip torquer

4. Pre-procedure system test - DRAW test:
   - D – Drip = Verify irrigation at distal tip of burr catheter
   - R – Rotation = set burr speed to desired RPM level and verify Dynaglyde speed
   - A – Advancement = Confirm advancer knob and burr move freely
   - W – Wire = Verify brake is holding guidewire while burr is spinning, and wire clip is fixed