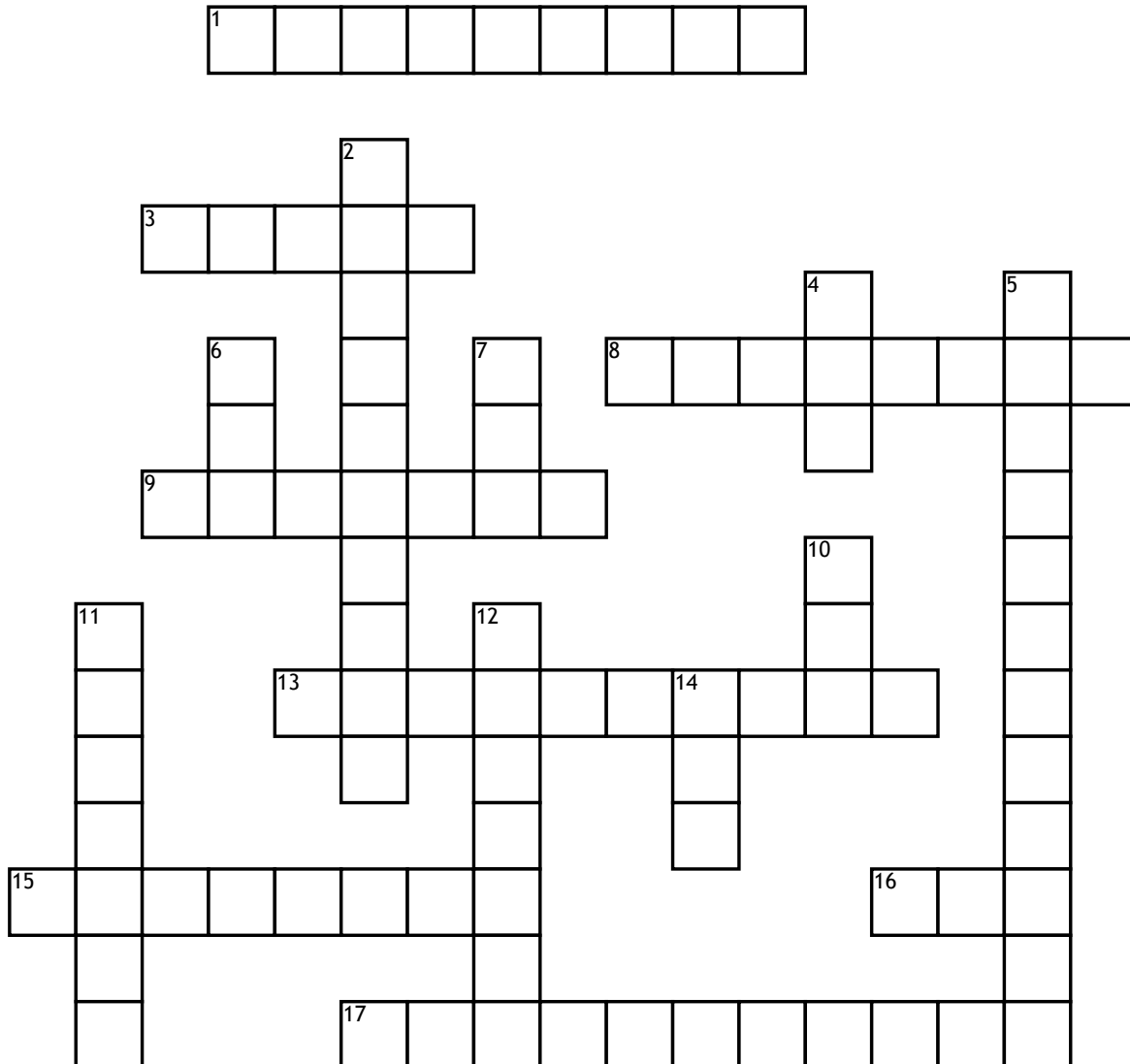


# FEMOSTOP and ARTERIAL GROIN LINES



## Across

1. FEMOSTOP the arterial sheath should be removed in one smooth motion while the \_\_\_\_ is at 60mmHg
3. Manual pull reduce pressure by approximately 50% every \_\_\_\_ minutes after maintained pressure
8. FEMOSTOP center dome should be placed approximately 2cm \_\_\_\_ and 1cm medial to puncture site
9. Manual pull a \_\_\_\_ is helpful to identify when pressure is sufficient to occlude the distal pulse
13. FEMOSTOP use should include \_\_\_\_7-10ml blood from arterial line before removing
15. FEMOSTOP should be applied around patient hips with middle of belt width centered over \_\_\_\_ site

16. FEMOSTOP should be decreased by 20mmHg every \_\_\_\_ minutes after secondary reduced pressure
17. FEMOSTOP should be lowered to a pressure after initial occlusion pressure to where \_\_\_\_ can be identified and no bleeding

## Down

2. Manual pull after initial occlusive pressure, reduce pressure to a point where a \_\_\_\_ can be identified and no bleeding occurs
4. Manual pull maintain above reduced pressure for a period of \_\_\_\_ minutes
5. FEMOSTOP should have a flat \_\_\_\_ secured over pulse distal to line pull site

6. FEMOSTOP should be removed if no bleeding is observed at zero pressure for \_\_\_\_ minutes
7. FEMOSTOP should not be maintained at occlusion pressure longer than \_\_\_\_ minute
10. FEMOSTOP should have pressure maintained at lowered pressure after initial occlusion for \_\_\_\_ minutes
11. FEMOSTOP should have dome inflated rapidly once the sheath tip clears to \_\_\_\_ pulse which normally will be 10-20mmHg above SBP
12. Manual pull place the \_\_\_\_ of one hand 1/2" superior to the catheter insertion site
14. Manual pull occlusive pressure should not be maintained longer than \_\_\_\_ minutes