Transradial Band | TR Band
Radial hemostasis device used for Cardiac Cath or Interventional Radiology procedures

General Info
- The TR Band has a special syringe that comes with the patient.
  - Don’t lose it! Regular syringe tips will not fit on the TR band.
- Air titration in the band provides a precise way of applying pressure to the artery.
- Air is injected into the TR band by the provider after the procedure.
- The number of mLs of air that is injected is documented in the procedure note and on the Epic LDA flowsheet, communicated in hand-off report, and written on the end of the green air removal syringe.

Vitals and Assessments
- During hand-off: check color, temperature, pulses, sensation, pain, and capillary refill in affected hand.
- Perform vital signs, bleeding and perfusion assessments every 15 minutes x 4, every 30 minutes x 2, every hour x 4, then every 4-hours until patient discharges.
- Consider seeking order for continuous pulse oximetry while TR band is in place (to aid in assessing perfusion). Place oxygen saturation probe on thumb or index finger of affected hand and monitor waveform to confirm perfusion.
- Assess for bleeding or hematoma at the access site, above, and below the TR band. If bleeding or hematoma noted, immediately apply adequate pressure to achieve hemostasis and notify provider.

Removal
- For diagnostic cases, the TR band should be left in place for one-hour post-procedure.
- For interventional cases, the TR band should be left in place for 2 hours post-procedure due to the additional intra-procedural anticoagulation often used.
- Removal of TR Band is done by the RN.
  1. Withdraw 3 mLs of air from band (using product syringe) while providing counter traction to the end of the syringe to avoid all of the air being released at once.
  2. If bleeding occurs, re-inject the amount of air that was removed and wait another 15 minutes before repeating the steps above.
  3. If no bleeding occurs at the site, withdraw 3 mLs of air from the band every 15 minutes until all the air has been removed.
  4. If there is no bleeding, then remove the TR band:
  5. Unfasten the adjustable band while stabilizing access site with gentle pressure.
  6. Remove band by lifting slowly toward palm of hand.
  7. Place a transparent occlusive dressing over the radial access site for 24 hours.
- Once TR band is off, check the reverse Barbeau test before patient discharge:
  - Place pulse oximeter on patient's thumb of affected hand.
  - Manually compress the ulnar artery in that hand and confirm that the oximetric waveform is still present. If no waveform is present, contact the provider.
- Document the TR band removal in the LDA flowsheet.
- Avoid taking blood pressures in the arm with the TR band for 24 hours after band removal.