

Invasive monitoring of blood pressure

Arterial cannulation in addition to the benefit of continuous blood pressure monitoring can be useful in assessing blood pressure. The normal arterial pulse curve rises sharply during the rapid ejection phase. It is followed by a phase of a slow ejection, which appears as a plateau with a consequent decrease in arterial pressure. Dicrotic findings indicate the end of ejection and closure of the aortic valve. The subsequent decrease in arterial pressure during diastole is attributed to the aortic run-off (see pulse pressure). A reduction in pulse amplitude (similar to pulse pressure) is seen in patients with reduced cardiac output. A flat onset of the shape of the curve during the rapid ejection phase indicates a contractility disorder. An increase in pulse amplitude is seen in conditions with hyperkinetic circulation.

References

Source

- HAVRÁNEK, Jiří: *Šok*. (upraveno)

Related Articles

- Non invasive monitoring of blood pressure (pediatry)
- Shock (pediatry)