

# BRAVO™ REFLUX TESTING SYSTEM

## Procedure Flowsheet

### Pre-op assessment and education

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for study: \_\_\_\_\_

Is the patient to be tested: ☐ On medications ☐ Off medications

If testing **off** medications, note the date that the medications were discontinued: \_\_\_\_\_

If testing **on** medications, list PPI and H2 medications and dosage: \_\_\_\_\_

**Caution:** The Bravo™ capsule contains a trocar needle that is made of stainless steel. Use caution in patients with known sensitivities or allergies to the metals that are contained including chromium, nickel, copper, cobalt, and iron.

**The following are contraindications for this procedure.**

**Notify the physician if the patient answers "yes" to any of the following contraindications.**




Pacemaker or defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe esophagitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding diathesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Esophageal varices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood thinners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stricture or obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Recorder and diary instructions:

Recorder #: \_\_\_\_\_ CapsuleID #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Recorder fully charged: ☐ Yes ☐ No

Patient verbalizes understanding of the diary and recorder instructions: ☐ Yes ☐ No

If recorder buttons were reassigned, please list reassigned symptoms:

 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Endoscopy

#### Preparing the delivery device and vacuum pump:

- Confirm that the capsule trocar needle has not advanced into the suction chamber of the capsule. ☐ Confirmed
- Confirm that the vacuum flow knob is turned to maximum. ☐ Confirmed
- Assess the suction of the vacuum pump by occluding the end of the suction tubing with a gloved finger and verify that the vacuum gauge reading is at least **575** mmHg.\* Note vacuum gauge reading: \_\_\_\_\_
- Assess the Bravo™ delivery device by covering the suction chamber on the Bravo™ capsule with a gloved finger and verify that the vacuum gauge reading is at least **550** mmHg. Remove your finger from the suction chamber. Verify that the vacuum gauge reading drops by at least 50 mmHg (500 mmHg or lower). Note vacuum gauge reading: \_\_\_\_\_  
\_\_\_\_\_ Confirmed pressure drop:

#### Bravo™ capsule placement:

- During the Bravo™ capsule placement, allow the vacuum level to stabilize by at least 550 mmHg and allow 30 seconds for the tissue to fill the suction chamber prior to the deployment of the capsule. If the patient starts to cough or gag, allow for an additional 30 seconds. ☐ Confirmed

\* See instructional manual for guidance in areas above sea level.

SCJ located at \_\_\_\_\_ cm from the incisors. The Bravo™ capsule is placed at \_\_\_\_\_ cm (6cm) above the SCJ.

Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Discharge

#### Post-procedure:

Patient and family/friend verbalized understanding of the Bravo™ reflux testing system instructions, emergency contact information and recorder return procedure: ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_