

How to use the Nimbus pump?

What is a nerve block pump?

- Your Nimbus™ pain pump contains a numbing medicine that will help you control your pain for the next several days.
- It is attached to a catheter (small tube) near your nerves.
- The numbing medicine is being delivered to the nerves close to your surgical site.



What do I need to know about

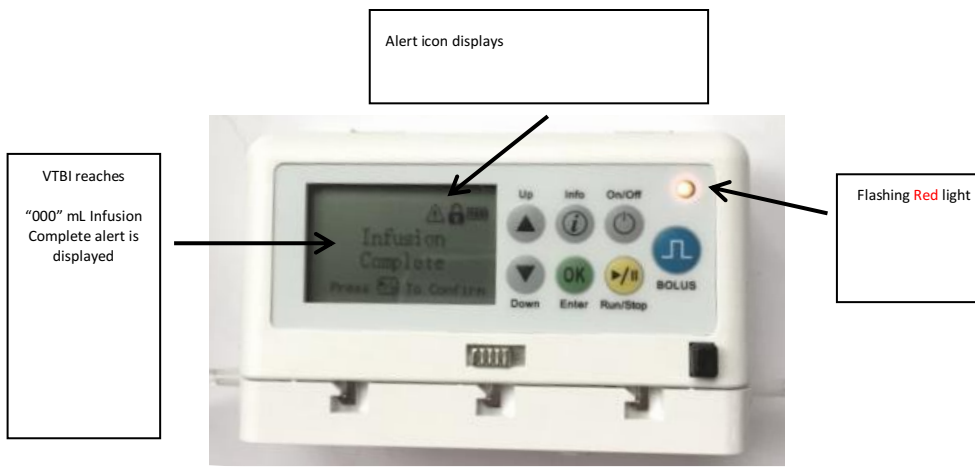
the pump & catheter?



- Your pain pump DOES NOT contain any “opioid” medication
- Your surgical pain should be controlled but may not be completely eliminated. That is normal.
- During your therapy if your pain becomes uncomfortable you will be able to press the blue Bolus button.
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- It is okay to take ADDITIONAL ORAL PAIN MEDICATION to help control your pain.
- *It is normal that some leaking at the catheter site may occur.* If this happens, **reinforce** the dressing by applying gauze and securing it with tape.
- Do NOT WET the catheter, pump or bandages.
- Do NOT CHANGE the bandages.
- Do NOT DRIVE or operate potentially dangerous machinery while your catheter is in place or while you are taking narcotic medication.

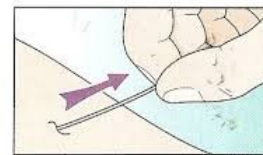
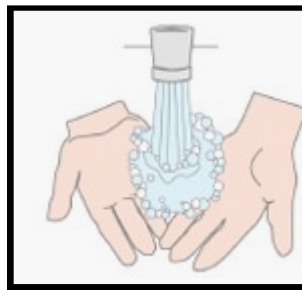


While the pump is turned on and infusing the pump will look like this:

- There will always be information on the display screen. It will never go blank.
- When a button on the keypad is pressed, a *green* LED light will display for 10 minutes and then will turn off until the next time a button is pressed.
- Your infusion will end in approximately 3-4 days **or sooner** based on how often you request additional medication with the blue bolus button
- You will know the infusion is complete when the display looks like this:



- At that time press the Run/Stop key to  silence the “*Infusion complete*” alert.
- Then, **TURN THE PUMP OFF** by holding the ON/OFF  key for 3 seconds
- **To remove the catheter:**
- Wash your hands and apply gloves.
- Peel off the clear dressing and tape that covers the catheter.
- Grip the catheter close to the skin and slowly but steadily pull the catheter out (2-6 inches). You may notice some tugging at the skin, this is normal. Continue to pull steadily.
- Inspect the tip of the catheter and call if it looks damaged.



- Do NOT CUT the catheter.
- After removing the catheter you can cover the site with a band aid if necessary.

Upper Extremity Block Safety:

- Support your arm by wearing a sling properly; ensuring your wrist is **fully** supported. Protect The limb like a baby to avoid injury
- Use a pillow to pad and support the numb extremity.
- Avoid placing cold or hot packs directly on the numb extremity.
- If a dressing, cast, or brace is present, check your fingernails frequently and alert your surgeon of any change in color.






















- Use crutches or a walker since you **will not** be able to bear weight on the numb extremity. After full sensation returns, follow your surgeon's weight bearing instructions.
- Be very careful when walking or changing position. Always use assistance to **avoid falls** until the numbness has completely resolved and you can feel your entire leg and recover strength.
- If a knee brace is provided, **do not** attempt to walk without it.
- Check your toenails frequently and **alert** your **surgeon** of any change in color.
- The numb extremity should be carefully padded and routinely repositioned to promote good circulation.

WARNING: If you experience:

- ✓ Metallic taste in the mouth,
- ✓ Ringing in the ears,
- ✓ Dizziness,
- ✓ Rash or Hives,
- ✓ Fever,
- ✓ Confusion,
- ✓ Chest Pain,
- ✓ Numbness around the mouth,
- ✓ Seizures

Close the clamp and call the Stanford Regional Anesthesia Service

Alert	Response
Infusion Complete	The infusion is completed.  Press  to silence the alert. Press the  key for 3 seconds to power off pump.
Upstream Occlusion	Decreased pressure is detected between the pump and the IV bag as if blocked. Resolve the cause of the occlusion such as kinked tubing inside the carry pouch. When resolved, the infusion will resume automatically.
Downstream Occlusion	Increased pressure is detected between the pump and the patient as if blocked. Resolve the cause of the occlusion such as a closed slide clamp, kinked tubing, or tape covering the filter vent. When resolved, the infusion will resume automatically.
Battery Depleted	Low Battery: The infusion will continue 30 minutes more.  Press  to silence the alert. Replace the battery using the instructions in the Patient Guide.
Pump Unattended	The power is on but the pump is in standby mode and not infusing.  Press  to silence the alert.  Press  then  to resume the infusion.
Max Vol Reached, Pump Standby	The pump has reached a maximum volume per hour or interval limit and will remain in standby mode until the new hour or interval is reached then will resume the infusion without requiring user action
Cassette Loading Error	 Press  to silence the alert. Clamp the tubing. Reattach the cassette following the instructions in the Patient Guide. Open the clamp.  Press  again to return to the main programming screen.  Press  then  to continue the infusion.

If you have any questions or concerns, call the Stanford Regional Anesthesia Service Doctor any time day or night,

(650) 723-6661

And ask them to page #25625 (BLOCK)

Nimbus Pump 24/7 Technical Support:
 (844) 479-8500 www.NimbusPump.com