UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

INTERVENTIONAL CARDIAC FLOWSHEET

❑ Outpatient
❑ Inpatient

Admission Date:	Time:

Addressograph

PRE CATH CHECKLIST (FLOOR)

HEPARIN TURNED OFF AT: _____

CHECK OFF WHEN COMPLETE	Yes	No	N/A
Identification Band			
Allergy Band			
Old Chart			
Addressograph			
Admission Summary			
Nursing Adm. Assessment			
Medication Record			
Consent			
Shave Prep			
Dentures Removed			
Capped Teeth			
Contact Lenses Removed			
Hearing Aid Removed			
Glasses Removed			
Nail Polish Removed			
ECG			
Jewellery Removed (for radial procedure)			
Blood Group & Reserve			
Pre-Op Medication			
NPO			
Doctor's Order Record			
Possibility of Pregnancy			

MEDICAL HISTORY Have you ever had been told you have:	Yes	No	N/A
Sickle Cell			

Prosthesis (specify): _____

Previous Cath./EPS: Yes ❑ No ❑ Date:_____ Where_____

Previous PCI: Yes ❑ No ❑ Date:_____ Where_____

Previous Bypass: Yes ❑ No ❑ Date:_____ Where_____

Grafts: _____

_____

_____

Language Spoken: _____

Interpreter Needed Yes ❑ No ❑

IDDM Yes ❑ No ❑ Insulin:_____ Taken at: ____

NIDDM Yes ❑ No ❑ Po meds: _____ Taken at: ____

DATE AND TIME _____

LAB RESULTS

HGB		FBS		INR	
WBC		NA		PLT	
PT/PTT		K+		CK	
BUN		Cl–			
CREAT		URINE			

For same day discharge patients:

Patient's responsibility on discharge:

This is to acknowledge, that I, _____

a patient at University Health Network, will:

1. have a responsible adult drive me home
2. have a responsible adult stay with me from time of discharge until tomorrow am
3. follow all discharge instructions which will be given to me
4. not drive a motor vehicle for 12 hours

Form # 2740 (Rev. 03.2016)

ADMISSION ASSESSMENT

T_____ P_____ R_____ B.P. _____ SaO_2 _____

wt. (kg) _____ ht. (cm) _____

ALLERGIES: _____

_____

Heparin Yes ☐ No ☐

PULSES:	Right	Left
Dorsalis Pedis		
Posterior Tibialis		
Radial		
Previous Closure Device		

IV THERAPY	
Site:	Left ❑ Right ❑
Solution:	
1.	
2.	
Na Bicarb	Start Time: _____
4.	Bolus: _____ Rate/hr: _____
Saline Lock only	Yes ❑ No ❑
Site:	Left ❑ Right ❑
IABP	Yes ❑ No ❑
	Left ❑ Right ❑
	Timing: 1:1 ❑ 1:2 ❑ 1:3 ❑

Plavix (loading dose) Yes ❑ No ❑ Date:_____

Plavix Daily Dose X _____ days

Enoxaparin Yes ❑ No ❑ Date:_____

PAST MEDICAL HISTORY: _____

_____

_____

_____

_____

_____

_____

FAMILY CONTACT: _____

DISCUSSED PROCEDURE AND UNIT ROUTINE: Yes ❑ No ❑

NAME OF ESCORT ON DISCHARGE:

_____

PHONE:

_____

Admitting Nurse's Signature: _____

CARDIAC CATH LAB

Patient Name: _____ Date: _____ MRN: _____

Procedure (please check) LHC ❑ RHC ❑ Biopsy ❑ PCI ❑ EP ❑ Congenital ❑ Other _____

Cardiologist: _____ Fellow: _____ RN Name (print) _____

Pre-sedation assessment for patients receiving conscious sedation:

Time: _____ Level of consciousness: Unresponsive (0) _____ Drowsy (1) _____ Awake (2) _____

BP _____ Pulse _____ (RR) _____ SaO_2 _____

Allergies (sedatives/medications-list) _____

MEDICATION GIVEN IN CARDIAC CATHETERIZATION LABORATORY

Transcribed By	Medication	Dose	Route	Time	Given By	Nurse's Signature
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					

INTRA-PROCEDURE

Vessel Cannulation: RFA ❑ RFV ❑ LFA ❑ LFV ❑ RIJ ❑ LIJ ❑ Radial ❑ Other: _____

Initial BP: _____ HR/rhythm: _____

By Doctor: _____

Time		Nurse's Name (print)

CARDIAC CATH LAB: INTRA AND POST PROCEDURE

Patient Name: _____ Date: _____ MRN: _____

Time Arrived	**Airway In** Yes ❑ No ❑ Oral ❑ Nasal ❑	**Level of Consciousness** 2 (conscious) ❑ 1 (semiconscious) ❑ 0 (unconscious) ❑

Legend:		Time→																
	240																	
	230																	
	220																	
Blood	210																	
Pressure	200																	
	190																	
Systolic	180																	
V	170																	
	160																	
Λ	150																	
Diastolic	140																	
	130	43.0																
Pulse °	120	42.5																
(red)	110	42.0																
	100	41.5																
Apical	90	41.0																
rate X	80	40.5																
(red)	70	40.0																
	60	39.5																
Resp	50	39.0																
Rate Δ	40	38.5																
(black)	30	38.0																
	20	37.5																
Temp °	15	37.0																
(black)	10	36.5																
	5	36.0																
FiO2																		
SaO2																		
LOC																		
CSMW																		
Pain (Use VAS, 0-10)																		
Pulses	right																	
	left																	
Dressing																		
Capillary refill																		
Hematoma																		
Edema																		
Nurse's Initials																		
IABP																		

SHEATH: Radial: Yes ❑ No ❑ Femoral: Yes ❑ No ❑
Other: _____

Closure Device: Yes ❑ No ❑ Time Inserted: _____

Compression: Manual ❑ Clamp ❑ Time: _____

Sutured: Yes ❑ No ❑

Dressing: _____

Radial pulse palpable post TR band removal Yes ☐ No ☐

Hematoma: _____

MD Notified: Yes ❑ No ❑ RN's Initials: _____

Post procedure heparin: Yes ❑ No ❑ Dose/Rate _____

GP IIb/IIIa _____ Yes ❑ No ❑ Dose/Rate _____

ACT

Time:				
Result:				

CARDIAC CATH LAB: POST PROCEDURE

TIME	ADDITIONAL NURSING RECORD	SIGNATURE

CARDIAC CATH LAB DISCHARGE CRITERIA

BEFORE DISCHARGE TO NURSING UNIT, SCORE MUST EQUAL 8 OR ABOVE. MUST SCORE 2 UNDER VENTILATION/RESPIRATION.

SCORE		A R R.	D I S C.
VENTILATION / RESPIRATION			
2:	SPONTANEOUS VENTILATION; NEEDS NO SUPPORT, RESPIRATORY RATE IS AT LEAST 10		
1:	SPONTANEOUS VENTILATION - REQUIRES ARTIFICIAL AIRWAY OR - RESPIRATORY RATE ABNORMALLY HIGH OR LOW - SHALLOW OR LIMITED RESPIRATORY EFFORT		
0:	APNEA - REQUIRES VENTILATION		
CIRCULATION			
2:	BP ± 20% OF PREANESTHETIC LEVEL		
1:	BP ± 20-50% OF PREANESTHETIC LEVEL		
0:	BP ± 50% OF PREANESTHETIC LEVEL		
CONSCIOUSNESS			
2:	RESPONDING TO VERBAL STIMULI; MAY OR MAY NOT INITIATE CONVERSATION, BUT ANSWERS QUESTIONS APPROPRIATELY (VERBALLY OR BY NODDING HEAD). EYES OPEN SPONTANEOUSLY. CARRIES OUT COMMANDS.		
1:	RESPONDS TO TACTILE STIMULI - ACTIVELY RESPONDS TO PHYSICAL STIMULATION (EG. POSITION CHANGE, BP MONITORING) BY MOVEMENT OR VOCALIZATION.		
0:	NO RESPONSE - UNRESPONSIVE TO VERBAL OR NON-PAINFUL STIMULI.		
MUSCLE STRENGTH			
2:	MOVES 4 EXTREMITIES SPONTANEOUSLY		
1:	MOVES 2 EXTREMITIES SPONTANEOUSLY		
0:	DOES NOT MOVE EXTREMITIES WHEN PAINFUL, NON VERBAL STIMULI APPLIED		
SKIN			
2:	NORMAL COLOUR AND WARM		
1:	PALE, DUSKY COLOUR AND COOL/CLAMMY		
0:	CYANOTIC		
TOTAL SCORE			

CARDIAC CATH LAB DISCHARGE ASSESSMENT

CONDITION: GOOD (9 - 10) ☐ FAIR (8) ☐

DISCHARGED BY: _____ Signature

TIME TRANSFERRED FROM CATH LAB: _____

REPORT TO NURSING UNIT BY: _____ Signature

RECEIVING NURSE / UNIT: _____ Signature

PROCEDURE COMPLETED

CATH LAB

Nurses Initials	Nurses Name (print)

CARDIAC WARD: POST PROCEDURE

Patient Name: _____ Date: _____ MRN: _____

Time Arrived			Airway In	Yes ❑ No ❑ Oral ❑ Nasal ❑	Level of Consciousness 2 (conscious) ❑ 1 (semiconscious) ❑ 0 (unconscious) ❑
Legend:		Time→			
	240				
	230				
	220				
Blood Pressure	210				
	200				
	190				
Systolic V	180				
	170				
	160				
^ Diastolic	150				
	140				
	130	43.0			
Pulse ° (red)	120	42.5			
	110	42.0			
	100	41.5			
Apical rate X (red)	90	41.0			
	80	40.5			
	70	40.0			
	60	39.5			
Resp Rate Δ (black)	50	39.0			
	40	38.5			
	30	38.0			
	20	37.5			
Temp ° (black)	15	37.0			
	10	36.5			
	5	36.0			
FiO2					
SaO2					
Pulses	right				
	left				
Pain (Use VAS, 0-10)					
Dressing					
Colour	pink				
	blue				
	white				
Sensation	normal				
	tingling				
	numb				
Movement	normal				
	restricted				
Warmth	warm				
	cool				
	cold				
Capillary refill					
Hematoma					
Edema					
Initials:					

Nurse's Initials	Nurse's Name (print)	Nurse's Initials	Nurse's Name (print)

CARDIAC WARD: PRE AND POST PROCEDURE

PATIENT'S NAME: DATE: MRN:

TIME	FOCI	ADDITIONAL NURSING RECORD	SIGNATURE
		(Additional comments in clinical notes or adhesive notes pages)	

TRANSCRIBED BY INITIALS	MEDICATION / DOSE	TIME	ROUTE	SITE	NURSING OBSERVATIONS	NURSE'S SIGNATURE
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					

NURSE'S NAME (print): _____

DISCHARGE HOME FOR SAMEDAY DISCHARGE PATIENTS

Sedation Scale

0 = Alert
1 = Mild (occ. drowsy, easy to arouse)
2 = Moderate (frequently drowsy, easy to arouse)
3 = Severe (somnolent, difficult to arouse)
4 = Normal sleep (easy to arouse)

upon arrival to ward from cath lab	at time of discharge home or 8 hours post arrival to ward
Nurse to initial	Nurse to initial

FLUID BALANCE RECORD

INTAKE				OUTPUT		
TIME	I.V. SOLUTION	AMOUNT STARTED	AMOUNT ABSORBED	URINE	VOMITUS	OTHER 8
	TOTALS →					

Dressing: _____
Sandbag / clamp off at: _____
Ambulated at: _____
Hematoma: _____
Other: _____
MD Notified: Yes ❑ No ❑
Nurse's Initials: _____

DISCHARGE HOME SIGN OFF

Nurse _____
Patient _____
Method Of Transportation (specify) _____