

CATH LAB/CARDIAC SURGERY
PROCEDURE SHEET

*NOT PART OF THE MEDICAL RECORD 7/13/06

RN Name: _____/_____/_____

PATIENT ON - HEPARIN? NO _____ YES _____ TIME STOPPED: _____

- LOVENOX? NO _____ YES _____ LAST DOSE? _____

*Please place initials when completed

	Allergy Band On		
Y/N	Plavix given? Is so, when-_____ (dose:_____)		
	Cath Lab	Cardiac Surgery	EP
	EKG in chart	Rhythm: (i.e. - AF, VT, SR, SVT)	IV in arm on side device is to be implanted (check with arrhythmia case manager or page Sandy Brewer at 835-0205)
	Rhythm (i.e. - AF, VT, SR, SVT)	Prep done: Hibiclens x 2	Prep done: L & R groin site clipped for EP Study Only
	Prep done: L & R groin site clipped	IV Started	Y / N Negative Urine Pregnancy Test Results in Chart
	Negative Urine Pregnancy Test	Type & Cross current, 4u on hold	Y / N On Coumadin? Last dose_____
	IV Started	Chest X-ray	INR Results in Chart for patients on Coumadin by 0500 a.m. day of case
Y/N	Aspirin Given?	Urinalysis	
Y/N	on Glucophage?	Current CBC w/ Plt, PT/PTT, BMP on chart	
Y/N	On Coumadin? Last dose_____		
	Current labs printed and placed in Blue chart		

_____ Pre-procedure checklist completed

_____ H&P printed, and placed in Blue chart

**** **ABNORMAL LABS** ****

Creatinine _____	Potassium _____
Platelets _____	INR: _____

PRE-PROCEDURE CHECKLIST

Date: ___/___/___ Time: ___:___

Weight: _____

Allergies: _____ NKA

NPO Status Maintained Since: _____

Except Meds (*list*): _____

Location of Patient's Family During Procedure:

Surgical waiting Patient's room Other: _____

Transfer VS: T _____ HR _____ R _____ BP _____

VS on arrival: T _____ HR _____ R _____ BP _____

SaO2 spot check _____ % Room Air / O2 _____

PATIENT IDENTIFICATION (*Indicate two identifiers*)

Patient name date of birth medical record number social security number photo ID

Source: Patient Statement Parent Guardian Spouse Domestic Partner

Adult Sibling (*18 yr or older*) Adult Child Transferring Facility Representative / Documents

Identification Band On / Name, MRN Match Patient's Statement & / or Permanent Medical Record Document Location: _____

PRE-PROCEDURE PREPARATION

	Staff Initials		Staff Initials
Procedure Consent Completed	_____	Prenancy Test Performed	_____ <input type="checkbox"/> N/A
History & Physical Completed	_____	Lab Work Obtained and Results Acceptable to Proceed	_____ <input type="checkbox"/> N/A
Anesthesia History & Physical Completed	_____ <input type="checkbox"/> N/A	Radiology / Cardiology / Other Studies Completed	_____ <input type="checkbox"/> N/A
Anestheis Day of Surgery Evaluation Completed	_____ <input type="checkbox"/> N/A	Pre-Procedure Scrub / Site Prep Completed	_____ <input type="checkbox"/> N/A
Patient ID Card in Chart (<i>Inpatient only</i>)	_____ <input type="checkbox"/> N/A	Patient Catheterized / Last Voided @ _____	_____ <input type="checkbox"/> N/A
Current Chart(s) Available	_____ <input type="checkbox"/> N/A	Dentures / Prosthesis Removed *	_____ <input type="checkbox"/> N/A
"Old" Chart(s) Available	_____ <input type="checkbox"/> N/A	Eye Glasses / Contact Lenses Removed *	_____ <input type="checkbox"/> N/A
Pre-Procedure Medications Administered/Documented	_____ <input type="checkbox"/> N/A	Clothing / Jewelry / Valuables Removed *	_____ <input type="checkbox"/> N/A
IV Patent Site _____ Gauge _____	_____ <input type="checkbox"/> N/A	* <input type="checkbox"/> Given to Family <input type="checkbox"/> Stored: _____	_____ <input type="checkbox"/> N/A

BLOOD PRODUCTS None indicated Tye and Screen Crossmatch # of units ordered _____
 Autologous Directed donor

PROCEDURE / SITE / SIDE IDENTIFICATION Site Not Applicable

Patient's / Other Source's Statement - PROCEDURE: _____

SITE: _____

SIDE: _____

Procedure Statement Consistent With: (*Check ALL that apply*)

Procedure Consent History & Physical Physican orders / notes Procedure Schedule Diagnostic x-rays/reports

Procedure / Site / Side Identified By: Patient Statement Parent Guardian Spouse

Domestic Partner Adult Sibling (*18 yr or older*) Adult Child Transferring Facility Representative / Documents

SYNTHETIC / TISSUE IMPLANTS Not Indicated Available in procedure suite Identification matches procedure request

SITE MARKING: Site Initialed By: Physician Non-Physician Proceduralist Site Marking Not Indicted

Patient Refused Site Marking

Site Marking Visible After Draping: Yes Not Indicated **Patient Position Confirmed:** Yes Not Indicated

FINAL CONFIRMATION TIMEOUT (*immediately before procedure*):

1. All team members concur with identification of correct patient, position, side, and site Yes

2. All team members concur with site marking Yes Not Indicated

Comments: _____

Staff Confirming Patient, Procedure, Site & Side Identification: Initials _____ Signature / Title _____

Initials _____ Signature / Title _____ Initials _____ Signature / Title _____

Initials _____ Signature / Title _____ Initials _____ Signature / Title _____