



### SBH/HSC PRE-ANGIOGRAM/ ANGIOPLASTY/STENT CHECKLIST

SBH CATH LAB: (204) 235-3834

Fill out & Fax prior to booking

DATE of Procedure: 

D	D	M	M	M	Y	Y	Y	Y	Y

Transfer from: \_\_\_\_\_ Transfer to SBH

Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

### CHECKLIST

#### Completed Prior To Patient Procedure

PRE-ASSESSMENT QUESTIONS Important for Triaging	Initials	Date Checked
1. Allergies..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: If a previous "severe" reaction to x-ray dye (e.g., airway compromise, hypotension, or severe hives) see contrast allergy protocol on reverse of Physician's Order Sheet Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure. If yes, indicate:</i>		
2. Can patient sign procedure consent? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, family member or other to sign:		
3. Can the patient lie flat for 3 hours? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not: Respiratory _____ Other _____		
4. Interpreter required ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prearrange		
5. Is the patient on isolation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prearrange		
6. Advance Care Plan level: (send copy) <b>Note:</b> Patients will not be accepted with ACP-M status unless at a minimum patient is willing to accept defibrillation peri-procedurally (the referring physician to address with patient and document as a progress note).		

**NOTE: Contact SBH Cath Lab if questions 2 or 3 are answered "No" or if questions 4 or 5 are answered "Yes"**

PRIORITY <i>Send Photocopies of the Following Information</i> <b>NOTE: PROCEDURE MAY BE CANCELLED IF REPORTS NOT AVAILABLE</b>	Initials	Date Checked
1. Copy of <b>previous Coronary Artery Bypass Graft (CABG) operating room report MUST</b> be sent with patient <i>NOTE: If coronary artery bypass graft surgery done at Cath Lab site, please notify Cath Lab slating clerk PRIOR to patient transfer (at least 12 - 24 hours).</i>		
2. Copy of <b>previous Angiogram and Percutaneous Transluminal Coronary Angioplasty (PTCA)</b> reports		
3. Copy of recent relevant diagnostic procedure summary reports [e.g. Echocardiogram (echo), Stress Test, (GXT), Myocardial Perfusion Scan (MIBI), Multiple Gated Acquisition Scan (MUGA), etc.]		
4. Bloodwork: complete blood count (CBC), blood/urea/nitrogen (BUN), creatinine, electrolytes, glucose, international normalized ratio (INR). <b>If blood values abnormal, repeat appropriate tests within 24 hours.</b> <b>Notify Cath Lab / Access Coordinator:</b> White blood count (WBC) less than 4.5 x 10 <sup>9</sup> /L or significant increase due to infectious process ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin (Hgb) less than 100 g/L (if active bleed, contact Cath Lab/Access Coordinator Patient Preparation).. <input type="checkbox"/> Yes <input type="checkbox"/> No International normalized ratio (INR) greater than 1.7 ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Potassium (K+) less than 3.5 or greater than 5 mmol/L ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Platelets less than 100 x 10 <sup>9</sup> /L ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Electrocardiogram (EKG) most acute and most recent		
6. History and Physical documentation		
7. Copy of all current Medication Administration Records (MARs) Documentation to include <b>Initial Clopidogrel (Plavix) Load</b>		
8. Copy of <b>"CARE Alert: Provincial Healthcare Violence Prevention Program (VPP) Screening tool"</b> . If patient assessed as "CARE Alert Risk"; include copy of VPP Care Plan.		



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PATIENT PREPARATION	Initials	Date Checked
1. If patient on Nitroglycerin, send Nitroglycerin spray pinned to patient's gown		
2. <b>Medications</b> Give usual medications with small amount of water. <b>Do not hold ASA or Clopidogrel (Plavix) or alternate.</b> Hold LMWH morning of procedure. If patient on diuretic, please confirm with attending physician whether to hold dose Follow Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Stent Procedures		
3. Anticoagulation Management Follow Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Stent Procedures		
4. Nothing by mouth (NPO) from midnight pre-procedure except for medications with small amount of water (if procedure after 1200 hours - NPO after early light breakfast). As directed by Cath Lab.		
5. Glucometer Test in am Result _____mmol/L. If Blood glucose less than 5 or greater than 18 mmol/L please notify your attending Physician regarding blood glucose level.		
6. Intravenous Pre-hydration according to Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure. IV - Infusing IV as per Pre-Hydration Protocol. Left arm preferred for IV site. IV #20 gauge cathelon inserted within the last 24-48 hours.		
7. Right groin clip 15 cm segment around femoral artery puncture site. This is to be done in a.m., pre-procedure.		
8. Dentures, hearing aids and glasses may be left in place. Patient is fed post procedure.		
9. Send Single Channel Baxter Colleague Pump with patient (for Winnipeg and Brandon only)		
10. Referral hospitals to fax to SBH 204.233.7877 within 24 hours prior to transfer: i. SBH Cardiology Transfer Notice Form ii. Hospital Admission Summary Sheet (demographics). Between 1600 hrs → 0600 hrs Monday to Friday and on weekends, fax demographic sheet to 204.235.3140.  To access forms (under requisitions) please go to <a href="http://www.cardiacsciences.mb.ca">www.cardiacsciences.mb.ca</a>		