



PATIENT LABEL

## ISLAND HEALTH CARDIAC CATHETERIZATION NURSING CHECKLIST

To be completed by the most responsible nurse (MRN) at referring hospital.

CONCERN	YES	NO	EXPLAIN
Has MOST status been addressed?			
Can the patient tolerate lying flat?			
Is the patient orientated and cooperative?			
Language barriers? Interpreter arranged?			
Does the patient have a risk of violence?			
Is the patient aware of why the procedure is being completed and agreed to proceed?			
Mobilizes independently? (cane, walker, etc.)			
Received anti-platelets? Send all MARs and original documentation of loading doses			Ticagrelor/Plavix (circle) Loading Dose_____ Date_____ ASA loading dose_____ Date_____
Have oral anti-coagulants been stopped? (drug, last dose? i.e. Warfarin/NOACs)			
Does patient have allergy to contrast dye or ASA?			(notify physician immediately if ASA allergy)
Renal insufficiency? (recent GFR)			
Is patient diabetic?			
Does the patient consume alcohol? (last intake)			
Isolation precautions? (droplet vs. contact)			
Patient/family aware of potential discharge from RJH and are responsible for transportation/costs to get home?			Copy of CSS visitor policy has been given to patient and their family_____ Patient must be aware to stay one night in Victoria (accompanied) if discharged same day as procedure
Patient education given re: angio/plasty			Patient Handout: Getting Ready for your Cardiac Catheterization Procedure (on island health public website)

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ensure patient brings dentures, glasses, hearing aids, clothing and identification.**