



Coronary Catheterization Checklist

Booked Procedure Date: _____

Requested Arrival Time: _____

Phone numbers:

HCL Coordinator – local 18439 | Available 0700-1500

Angiogram Fax Referral – 18006

Cardiac Short Stay – local 18797

Prior to Procedure	
	Fax angiogram referral to 18006
	Contact Heart Cath Lab (HCL) coordinator: <ul style="list-style-type: none"> • With any change in patient condition (i.e. code status, precautions, discharge information, etc) • If patient has allergy to ASA or contrast media
	Book transport +/- CERT when appointment confirmed
	Determine if patient is iHealth candidate.
	Request bagged breakfast/send patient with light snack PRN - if possible
	Pre-procedure bloodwork (PTT, INR, Cr, eGFR, CBC) & chest x-ray results online

Patient Considerations	Comments
MOST addressed.	
Patient aware reason for procedure and agrees to proceed.	
Patient tolerates lying flat.	Angiogram cannot be done if patient cannot lay flat.
Alert and oriented.	
Communication barriers (ie: hard of hearing, language barriers). Consider arranging interpreter PRN.	
History of violence.	
Mobility (independent or uses aid).	
Isolation precautions (contact or droplet)	
Substance use - Substance: _____ - Last in-take: _____	

Medications		Comments
	<p>Medications commonly held <u>morning</u> of procedure (confirm with physician duration of hold):</p> <ul style="list-style-type: none"> • Metformin/oral hypoglycemics • Insulin • Enoxaparin • Fondaparinux • Subcut heparin • Diuretics <p>Medications commonly on <u>hold days</u> prior</p> <p>Anticoagulants ie: warfarin, dabigatran, rivaroxaban, apixaban etc</p>	Indication for anticoagulant determine how long it is held for – confirm with physician.
	ASA loading dose: _____ Date: _____	
	Daily dose of ASA given	
	Plavix/Ticagrelor loading dose: _____ Date: _____	
	Daily dose of anti-platelet given (Plavix or Ticagrelor)	

Day of Procedure		Comments
	<p>Call report to Cardiac Short Stay (CSS) when patient leaves.</p> <ul style="list-style-type: none"> • Phone: 18797 	
	<p>Patient may eat light breakfast before 0800.</p> <ul style="list-style-type: none"> • Clear fluids only after 0800. 	
	BPMH must be completed at CPOE activated sites prior to transfer to RJH.	Reconciled medication list is required for discharge.
	<p>Transfer package includes (if chart not electronic):</p> <ul style="list-style-type: none"> • Paper MAR: if patient on Plavix include 4 days of documentation prior to procedure <ul style="list-style-type: none"> ○ If patient on Ticagrelor include 2 days of documentation prior to procedure • Documentation (MAR) of loading anti-platelet doses (ie: ASA, Plavix/Ticagrelor, etc) • Documentation of AM BBGM if diabetic • Pertinent consults • Physician notes • ECG 	

Patient Preparation		Comments
	Scrub & rinse both wrists and femoral sites with chlorhexidine scrub: <ul style="list-style-type: none"> Night prior to procedure. CSS will shave and scrub access sites on arrival to RJH. 	
	Patent 20g PIV: <ul style="list-style-type: none"> At least 4 inches above either wrist Left arm preferred Y-site 	Radial artery commonly accessed for angiography. Pressure bracelet applied to site for hemostasis.
	Patient in gown without metal snaps.	Metal snaps are visible in angiogram.
	Leave teeth, glasses, and hearing aids in place.	

Patient Information		Comments
	Provide patient with patient teaching material.	
	CSS has a no visitor policy. <ul style="list-style-type: none"> Patient family/support people North of the Malahat: Please wait for a call from CSS for discharge planning instructions before commuting to Victoria. Family/support people may call in from CSS waiting room. 	
	Patients may bring cell phone, headphones, books, CPAP etc. <ul style="list-style-type: none"> Please leave/send valuables home when possible. 	
	Arrival time is not the <u>procedure start time</u> . <ul style="list-style-type: none"> Slate is triaged by HCL coordinator Start time of procedures may change due to emergency cases throughout the day or prior procedure running longer than anticipated. 	

Discharge Planning Information		Comments
	<u>Patients discharged directly from CSS:</u> <ul style="list-style-type: none"> Must plan own transportation home and have a responsible person to stay with them overnight. Be prepared to fill prescription once discharged. 	
	<u>Planned repatriation to sending unit (bed held):</u> <ul style="list-style-type: none"> CSS will communicate sending unit of transfer time. 	
	<u>Discharge plan uncertain and bed held:</u> <ul style="list-style-type: none"> Interventional Cardiologist will assess disposition post-procedure. 	

Discharge Planning Information		Comments
	<ul style="list-style-type: none"> CSS will communicate plan with sending site; discharge from CSS, admit to inpatient unit at RJH, or repatriate to sending site. 	
	<p><u>Pick up information for family/support person:</u></p> <ul style="list-style-type: none"> Patients must be discharged into care of a responsible adult. Family member/support person must pick patient up from CSS – CSS RN will provide discharge information. <u>CSS location:</u> Diagnostic and Treatment Building, 3rd floor. Look for sign with pink heart. 	