Pre-Procedure Checklist for Cath Lab Procedures
Date and Initial as items are completed

Procedure __________________________ Date__________     MD ____________________

Please ensure you have orders to address the following:
  o BMP
  o CBC
  o PT/INR (for pacer/ICD patients)
  o Pre-medication
  o IV fluids
  o NPO
  o Instructions regarding insulin and oral agents for diabetics
  o Instructions regarding allergy to shellfish, iodine or metals, if applicable

Results/Forms to be placed on chart
  ____ BMP results   If Creatinine is elevated, notify physician regarding need for pre-hydration
  ____ CBC results
  ____ History & Physical and/or  ____ Consult by performing physician
  ____ Signed consent
  ____ Procedure Transfer Meds report
  ____ Pre-procedure checklist from computerized documentation
  ____ Sedation & Intraprocedure Medications Form, Cath Lab Only (Barcode # 6267)

Prior to procedure
  ____ Complete prep:
    • Cath/intervention – groin or wrist (depending on order)
    • Pacemaker – both sides from the nipple line to shoulder
    • Ablation – neck to mid-thigh, including groins
  ____ NPO according to order
  ____ Provide and document patient education regarding procedure
  ____ Ensure patient identification band is on left arm (unless left radial is being used)
  ____ Ensure height and weight are documented in computerized documentation
  ____ Start IV fluids per order – add extension tubing with 4-way stopcock to IV tubing
    • Radial site - IV in opposite arm is preferred. If arm on procedure side is used, place IV above wrist.
    • For pacemaker patients, IV on same side as pacemaker is preferred.
  ____ Complete physical assessment in computerized documentation
  ____ Complete pre-procedure checklist in computerized documentation
  ____ Ensure all results/forms listed above are on chart
  ____ Give pre-medications per order
  ____ Send to cath lab only in gown (exception: Pacemaker/ICD patients only may wear underwear but not pajama bottoms)

NOT A PART OF THE PERMANENT RECORD

May 2013