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PRE CATH LAB CHECK LIST

PATIENT IDENTIFICATION

PERMIT SIGNED FOR:

- RIGHT & LEFT CARDIAC CATHETERIZATION WITH POSSIBLE PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY / STENT / INTRAVASCULAR ULTRASOUND.
- RIGHT & LEFT CARDIAC CATHETERIZATION
- OTHER: _____

	YES	NO	COMMENTS
PRE-OP TEACHING:			
I.D. BAND:			
ASSESS FOR ALLERGIES TO INCLUDE CONTRAST / IODINE / SHELLFISH ALLERGY IF "Yes" TO CONTRAST, IODINE or SHELLFISH, CONTACT PHYSICIAN FOR BENADRYL / STEROID ORDERS			<u>PLEASE NOTE AMOUNT, (Military) TIME & DATE of MEDICATION GIVEN</u>
ANTIPLATELETS / ANTICOAGULATION MEDS: <u>(Military) TIME & DATE LAST RECEIVED</u> ASPIRIN PLAVIX LOVENOX HEPARIN OTHER: _____			
NPO SINCE: Date _____ Milit. Time _____			
SEDATION: PLEASE SPECIFY			<u>(Military) TIME & DATE</u>
IV INFUSING KVO: MANDATORY			
MED KARDEX & CRITICAL CARE FLOW SHEET ON CHART: MANDATORY			
LABEL DISTAL PULSES: (R) Posterior Tibial _____ (R) Dorsalis Pedis _____ (L) Posterior Tibial _____ (L) Dorsalis Pedis _____			0 = Absent D = Doppler +1 = Intermittent +2 = Weak +3 = Strong
HEIGHT: _____ WEIGHT: _____ IB / P: _____ IHR: _____			_____ RN Signature / Title _____ DATE _____ Military TIME
LAB VALUES: DATE: _____ Milit. TIME: _____			
K: _____ CR: _____ BUN: _____ PLT: _____			
HGB: _____ HCT: _____ PT: _____ INR: _____			