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CARDIAC CATHETERIZATION / INTERVENTIONAL DISCHARGE SHEET

PATIENT IDENTIFICATION

TO BE COMPLETED BY RN DISCHARGING PATIENT

1. Hematoma Present: YES NO

If "YES", note measured size: _____

2. Ecchymosis Present: YES NO

If "YES", note surface area covered: _____

3. Any other complications related to procedure: _____

4. Procedure performed: DIAGNOSTIC CATH
 CORONARY INTERVENTION
 PERIPHERAL INTERVENTION

5. Contact telephone number for patient: _____

6. Please return to Cardiology, in care of Caroline Malfara.

7. Prescription for Plavix: YES NO

RN SIGNATURE / TITLE:	DATE:
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DATA COLLECTION SHEET - Not Permanent Part of Chart