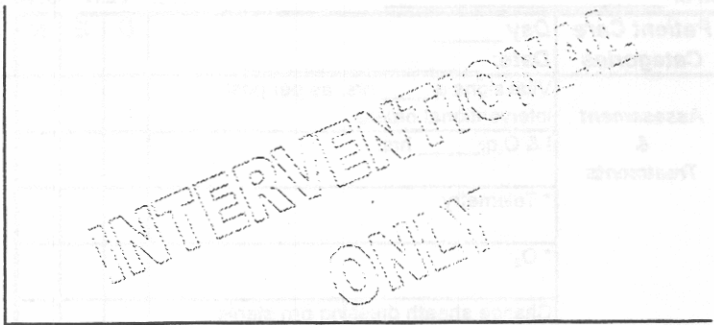


**Coronary Catheterization Interventional**

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title



ADDRESSOGRAPH

**DESIRED OUTCOMES**

**D = DAYS E = EVENINGS N = NIGHTS**

Problem/Needs	Day _____ Date: _____	D	E	N	Problem/Needs	D	E	N	
<b>Knowledge Deficit related to plan of care</b>	Patient/family verbalizes understanding of diagnosis and plan of care, participates in decision making.				<b>Telemetry</b>	Remains WNL for patient			
<b>Pain Management</b>	Pain free or verbalizes pain relief after intervention.				<b>Unstable Vital Signs</b>	Vital Signs stable for patient.			
	Remains free of chest pain, SOB, groin or back discomfort					Patient awake, alert and oriented.			
						Hemodynamic status stable for patient.			
<b>Alterations in ADL's due to:</b>	Able to perform ADL's with (choose one): ___ assistance ___ independently								
	Patient ambulatory ad lib without difficulty								
<b>Sheath Access Site</b>	Remains free of bleed, hematoma, bruise, ecchymosis, signs and symptoms of infection				<b>Patient Safety</b>	Remains injury free in a safe environment.			
						<b>Skin Integrity</b>	No evidence of skin breakdown.		
<b>Tissue Perfusion</b>	Will have (+) peripheral pulses and affected extremity warm bilateral (-) numbness / tingling				<b>Patient/Family Satisfaction</b>		Patient/family verbalizes satisfaction with hospital stay/care.		

**INTERVENTIONS (continued on back)**

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
<b>Discharge Plan</b>				<b>Nutrition</b>	* Diet:		
					% of diet consumed:		
					Breakfast _____ %		
					Lunch _____ %		
					Dinner _____ %		
					Encourage P.O fluids		
					Yes _____ No _____		

\* indicates medical orders needed  
Medical Record

MR# \_\_\_\_\_

**INTERVENTIONS (continued)**

Patient Care Categories	Day _____	D	E	N	Patient Care Categories	D	E	N	
	Date: _____								
<b>Assessment &amp; Treatments</b>	Vital signs q _____ hrs. as per post interventional orders				<b>Teaching &amp; Psychosocial</b>	Assess patient/family satisfaction.			
	I & O q _____ hrs.					Encourage verbalization of fears / concerns.			
	* Telemetry					Discharge teaching completed, see discharge summary			
	* O <sub>2</sub> :								
	Change sheath dressing prn sterile tech								
	Final groin assessment and dressing change done prior to discharge and documented								
					<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.			
						* Tests / Procedures			
						CBC _____ a.m.			
						EKG _____ a.m.			
					<b>Safety &amp; Activity</b>	Falls protocol maintained.			
						* Activity level:			
						Ambulatory ad lib			
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								
	* Respiratory Care provided. (See Respiratory Care Record)								