

**SBGH/HSC PRE-ANGIOGRAM/
ANGIOPLASTY/STENT CHECKLIST**

SBGH CATH LAB: 235-3834

DATE of Procedure:	Transfer from:	Transfer to SBGH
	Height _____ cm	Weight _____ kg

CHECKLIST

PRE-ASSESSMENT QUESTIONS	Initials	Date Checked
1. Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If a previous "severe" reaction to x-ray dye (e.g., airway compromise, hypotension, or severe hives) see contrast allergy protocol on reverse of Physician's Order Sheet Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure If yes, indicate:		
2. Can patient sign procedure consent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, family member or other to sign:		
3. Can the patient lie flat for 3 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not:		
4. Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prearrange		
5. Is the patient on isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prearrange		
6. Advance Care Plan level : (send copy)		

NOTE: Contact SBGH Cath Lab if questions 2 or 3 are answered "No" or if questions 4 or 5 are answered "Yes"

PRIORITY	NOTE: All referring hospitals outside of Cath Lab site to send photocopies of the following information to Cath Lab (copies to remain). PROCEDURE MAY BE CANCELLED IF REPORTS NOT AVAILABLE	Initials	Date Checked
1.	Copy of previous coronary artery bypass graft (CABG) operating room report MUST be sent with patient NOTE: If coronary artery bypass graft surgery done at Cath Lab site, please notify Cath Lab slating clerk PRIOR (at least 12 - 24 hours) to patient transfer		
2.	Copy of previous angiogram and Percutaneous Transluminal Coronary Angioplasty (PTCA) reports		
3.	Copy of recent relevant diagnostic procedure summary reports [e.g. echocardiogram (echo), GXT (Stress Test), Myocardial Perfusion Scan (MIBI), Multiple Gated Acquisition Scan (MUGA), etc.]		
4.	Bloodwork: complete blood count (CBC), blood/urea/nitrogen (BUN), creatinine, electrolytes, glucose, international normalized ratio (INR), partial prothrombin time (PTT) (done within 1 week). If on anticoagulants or if potassium (K+) abnormal, repeat appropriate tests within 24 hours. White blood count (WBC) less than 4.5 x 10 ⁹ /L <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin (Hgb) less than 100 g/L <input type="checkbox"/> Yes <input type="checkbox"/> No International normalized ratio (INR) greater than 1.7 <input type="checkbox"/> Yes <input type="checkbox"/> No Potassium (K+) less than 3.5 or greater than 5 mmol/L <input type="checkbox"/> Yes <input type="checkbox"/> No Platelets less than 100 x 10 ⁹ /L <input type="checkbox"/> Yes <input type="checkbox"/> No Glucometer Test in a.m. Result _____ mmol/L Blood glucose less than 5 or greater than 18 mmol/L <input type="checkbox"/> Yes <input type="checkbox"/> No If answered "yes" to any of the above questions, notify the cath lab Creatinine greater than or equal to 140 mmol/L <input type="checkbox"/> Yes <input type="checkbox"/> No or Creatinine Clearance less than 60 mL/min (see Pre Coronary Angiogram/ Pre Coronary Angioplasty Physician's Order Sheet)		



DATE

PATIENT

DOB

HSC NO.

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PRIORITY <i>continued</i>	Initials	Date Checked
5. Electrocardiogram (EKG)		
6. History and physical documentation		
7. Copy of all current Medication Administration Records (MARs)		
8. If patient on Nitroglycerin, send Nitroglycerin spray pinned to patient's gown		
9. Rural Hospitals - send 24 hour supply of patient medication with patient		
10. Medications Give usual medications with small amount of water Follow Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure		
11. Anticoagulation Management Follow Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure		
12. Nothing by mouth (NPO) from midnight pre-procedure except for meds with small amount of water (if procedure after 1200 hours – NPO after early light breakfast)		
13. Pre-hydration Follow Physician's Order Sheet: Pre Coronary Angiogram/Pre Coronary Angioplasty Procedure		
14. Right groin clip 15 cm segment around femoral artery puncture site to be done in a.m. pre-procedure		
15. Dentures, hearing aids and glasses may be left in place		
16. Send Single Channel Baxter Colleague Pump with patient (for Winnipeg and Brandon only)		
17. Referral hospitals to fax to SBGH (233-7877) within 24 hours prior to transfer <ul style="list-style-type: none"> i. SBGH Cardiology Transfer Notice Form ii. Hospital Admission Summary Sheet (demographics) 		

To access forms (under requisitions) please go to www.cardiacsciences.mb.ca