

Integrated Care Pathway for Cardiac Catheterisation / PCI



Patient Label

Age:
 Tel. No:
 Religion:
 Next of Kin:
 Tel. No:
 Consultant:
 Date of pre-clerking:
 Date of Admission:
 Admission time:
 Own transport: / Hosp Trans
 Hosp Transport Ref No:
 Rel / Friend for 24h:
 Transport Contact No:

Allergy to Contrast	Yes / No	Previous History:	
If Yes		Asthma	Yes / No
Steroid to be given	Yes / No	Previous MI	Yes / No
Anti-histamine to be given	Yes / No	Diabetes	Yes / No
Other Allergies	Yes / No	Hypertension	Yes / No
To what		High Cholesterol	Yes / No
		PVD	Yes / No
Planned procedure:		Vascular surgery	Yes / No
Diagnostic angio. only	Yes / No	TIA / CVA	Yes / No
PCI	Yes / No	Family history	Yes / No
SBCA +/- proceed	Yes / No	Smoker	Yes / No
IVUS +/- proceed	Yes / No	Ex-smoker	Yes / No
PWS +/- proceed	Yes / No		
Previous Grafts	Yes / No		
Operation details in notes	Yes / No		

Blood Results	Date	
Sodium	Hb	Cholesterol
Potassium	WBC	INR
Urea	Platelets	CRP
Creatinine	Glucose	MRSA
eGFR	Troponin	Other

Patient Label

Medications

Aspirin

Clopidogrel Prasugrel Ticagralor

Date started

Loading dose Yes / No 300mg 600mg

Other

Diabetes	Yes / No	Renal Disease	
Insulin	Yes / No	eGFR <60	Yes / No
Tablets - Metformin	Yes / No	IV fluids	Yes / No
To Stop	Yes / No	Visipaque	Yes / No
Diet	Yes / No		

Warfarin/Apixaban/Acenocoumarol/ Dabigatran/Rivaroxaban	Yes / No	MRSA Status	
Continue	Yes / No	No	<input type="checkbox"/>
Stop	Yes / No	Yes	<input type="checkbox"/>
If stop how many days pre		Swab taken	<input type="checkbox"/>

1 CCS Angina Status		2 NYHA Dyspnoea Status	
0 No angina		1 No limitation of physical activity	
1 No limitation of physical activity		2 Slight limitation of ordinary activity	
2 Slight limitation of ordinary activity		3 Marked limitation of ordinary physical activity	
3 Marked limitation of ordinary physical activity		Symptoms at rest or minimal activity	
4 Symptoms at rest or minimal activity			

Functional Ischaemic Test	Yes / No
ETT	Yes / No
MPS	Yes / No
Stress echo	Yes / No
Stress MRI	Yes / No

Pulses Present:

Radial Right Yes No Left Yes No

Femoral Right Yes No Left Yes No

Patient Label

Date of last ECG

Weight (kg):

Height (cm):

Baseline /Observations				
BP:	Pulse:	Temp:	Resps.	O ₂ Sats.

Day Case PCI Criteria satisfied	
Patient can get to hospital without using public transport or driving own car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient has someone at home on night of admission	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient has access to telephone at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient willing to be a day case?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reopro Contraindications:	
Any bleeding problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any recent surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any previous CVA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any surgery awaiting	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient Information provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Medical History

Pre-clerking Nurses Signature

Printed Name

Position

Date

addressograph

Pre-Procedure Checklist

Date:

Allergies:

Ward:

Enter Yes, No or N/A	Ward	Lab		Ward	Lab
Weight (kg):			Consent form signed	Yes / No	
Height (cm):			Notes present:	Yes / No	
BP:			Drug chart present:	Yes / No	
Pulse:			Last dose of aspirin:		
Temp:			Last dose of clopidogrel		
Resps			Last dose of warfarin		
EWSS			Reopro check		
Sats:			CVA / TIA	Yes / No	
ECG recorded:			Previous bleeding	Yes / No	
Diabetic Yes <input type="checkbox"/> No <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/>			Surgery in last 6 months	Yes / No	
Date Metformin stopped:			Pink cannula left arm	Yes / No	
BMs: mmols at			Identity band x1 - correct	Yes / No	
Asthma Yes <input type="checkbox"/> No <input type="checkbox"/>			MRSA	Yes / No	
Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>			Jewellery removed / taped	Yes / No	
Shaved groin / wrist			Hearing aid In / Out	Yes / No	
Hospital gown and paper pants on			Radial pulses present	Yes / No	
Dentures / Caps / Crowns In / Out			Glasses on / off	Yes / No	
Next of kin recorded:			Additional info:		
Pregnancy Status Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Pregnancy Status (for females 12-55 years) Definitely not pregnant <input type="checkbox"/> Possibly or definitely pregnant <input type="checkbox"/>					
Patients Signature					

Signature (ward)..... Printed Name

Signature (Lab) Printed Name

Pre-discharge Checklist

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Date.....

	Yes / No / NA / TBA	Initials
Wound checked and dressed		
Cannula removed and site checked		
ECG stickers removed		
Discharge ECG performed and copy given to patient		
Patient aware of procedure results		
Patient aware of follow up plan		
Discharge letter written and copy given to patient		
Discharge medication checked and given to patient		
Antiplatelet card given to patient		
Angioseal card given to patient		
Appropriate blood form given to patient if renal impairment +/- on metformin		
Discharge information leaflet given to patient		
Cardiac rehab. referral made		
Outpatient appointment made		
Next of kin informed		
Transport arranged		
Additional comments		
:		

Signature Printed Name

Time:

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Femoral

Wound															
Pulse															
Colour															
Temp															

Radial

Wound															
Pulse															
Colour															
Temp															

Deflation of TR Band

TR Band applied at:

Applied to Right* / Left* Radial puncture site (*Delete as applicable)

Quantity of air inserted:

Commence removal of air at: _____

Time	Amount of Air removed	Observation of wound / reinsertion of air as applicable	Signature
	Removal of TR band	Dressing applied	

Protocol for Patient Management According to eGFR

Patient Label

eGFR	eGFR 30 - 59	eGFR >60
Inpatient admission Nephrology consultation Dialysis planning	Start Statin Discontinue NSAIDS 24h pre procedure and for 24h post procedure Stop metformin Iso-osmolar contrast medium Volume expansion >1ml/kg/h 12h prior and 12h post procedure OR 3ml/kg/h 1h prior and 1ml/kg/h 3-6h after procedure Consider NAC NAC 1200mg BD (24h pre and post procedure)	No further action

Date	IV Fluid/ Additive	Volume / Dose	Running Time	Doctors Signature	Batch No	Time started	Nurses initials	Time ended

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		Time		Sign
PCI Femoral	Return to ward		Lay flat for 2hr	
	Sit patient up		Sit for 1hr	
	Mobilise patient		Mobilise after 1hr sitting	
	Home after total 5hr		Observations every 15min for 2hr	

		Time		Sign
PCI Femoral with Reopro	Return to ward		Lay flat for 2hr	
	Sit patient up		Sit for 1hr	
	Mobilise patient		Mobilise after 1hr sitting	
	Home after total 6hr		Observations every 15min for 2hr	
			Check wound regularly	
			Check FBC after 4hr	
	If infusion of Reopro		Remain on bed rest. Check FBC in the morning	

		Time		Sign
PCI Radial	Return to ward		Patient is able to sit up on return to ward	
	Reduce TR band		Gradual release TR pressure after 2hr	
	Mobilise patient		Mobilise after 2hr of observations	
	Home after total 5hr		Observations every 15min for 2hr	
			Remove TR band	
			Apply dressing	

		Time		Sign
PCI Radial with Reopro	Return to ward		Patient is able to sit up on return to ward	
	Reduce TR band		Gradual release TR pressure after 3hr	
	Mobilise patient		Mobilise after 2hr of observations	
	Home after total 6hr		Observations every 15min for 2hr	
			Remove TR band	
			Apply dressing	
			Check FBC after 4h	
	If infusion of Reopro		Remain on bed rest. Check FBC in the morning	

Femstop Care Plan

Time applied		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	

Chest pain
ECG Changes

Speech problems
Arm & leg weakness

Abdo tenderness
Low BP

Consider stent blocking

Consider CVA

Consider Retroperitoneal bleed

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End of Procedure Checklist

Date:

Procedure:

- Angiography
- IVUS / OFDI
- PCI
- Pressure wire

Vascular access

- Femoral R L Sheath size 5F 6F 7F 8F
- Radial R L Sheath size 4F/5F 5F 5F/6F 7F

Time sheath removed

Pressure applied for

- Angioseal Yes / No
- TR Band Yes / No
- Haematoma Yes / No
- Femostop required Yes / No
- Deployed at:
- Volume of air inserted: mls
- Describe:
- Inflation pressure: mmHg

Drugs given during procedure:

- Diazemuls / Midazolam Yes / No total dose: mg
- Diamorphine Yes / No total dose: mg
- GTN Yes / No total dose: mcg/mg
- Heparin Yes / No total dose: units
- Reopro Yes / No total dose: ml
- Metoclopramide Yes / No total dose: mg
- Adenosine Yes / No total dose: mg
- Atropine Yes / No total dose: mg
- IV Fluids Yes / No total volume: ml

Contrast: Vis 270/OMNI 300 total volume: ml

Other:

BP (at end of case): ____ / ____ mmHg

Complications: Yes / No Description:

Cath Lab Nurse Signature: Printed Name:

ACT @ = ACT @ =
ACT @ = ACT @ =

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		Time		Sign
Angio Femoral Angioseal	Return to ward		Sit on return to ward	
	Sit patient up		Sit for 1hr	
	Mobilise patient		Mobilise after 1hr sitting	
	Home after total 1½hr		Observations every 15min for 1hr	

		Time		Sign
Angio Femoral IVUS / OFDI / PWS	Return to ward		Lay flat for 2hr	
	Sit patient up		Sit for 1hr	
	Mobilise patient		Mobilise if cardiovascularly stable	
	Home after total 4hr		Observations every 15min for 1hr	

		Time		Sign
Angio Radial	Return to ward		Patient is able to sit up on return to ward	
	Reduce TR band		Gradual release TR pressure after 60min	
	Mobilise patient		Mobilise if cardiovascularly stable	
	Home after total 2½hr		Observations every 15min for 60min	
			Remove TR band and Apply dressing	

		Time		Sign
Angio Radial IVUS / OFDI / PWS	Return to ward		Patient is able to sit up on return to ward	
	Reduce TR band		Gradual release TR pressure after 2hr	
	Mobilise patient		Mobilise after 2hr of observations	
	Home after total 4hr		Observations every 15min for 2hr	
			Remove TR band and Apply dressing	

Femstop Care Plan

Time applied		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	
Time reduced		Pressure at	

Chest pain
ECG Changes

Consider stent blocking

Speech problems
Arm & leg weakness

Consider CVA

Abdo tenderness
Low BP

**Consider Retroperito-
neal bleed**