

Date of Appt.
Time of Appt.
Ward booked

Patient Label

Integrated Care Pathway (ICP) for Angiography / Angioplasty

Personal Details / label		Next of kin	
Title : Dr Mr Mrs Ms Miss		Name:	
First Name:		Relationship:	
Surname:			
Preferred Name:			
Home Tel. No:		Home Tel. No:	
Work No:		Mobile No:	
Mobile No:			
Are we able to contact you by phone and/or leave a message if you are not available?			Yes
			No

Miss S Hulin	<input type="checkbox"/>	Mr I Vlachakis	<input type="checkbox"/>			
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Reason for Referral:

Surgeons Clinical Assessment

	Right	Left		Right	Left
Claudication			Critical limb ischaemia		
Distance in metres			Leg ulceration / Tissue loss		
Rest pain			Aneurysm		
Is patient taking anticoagulant / antiplatelet medication (other than Aspirin 75mg)			Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	

Diabetes:	Allergies:
Diabetes nurse contacted <input type="checkbox"/>	
NIDD / IDD / Diet controlled	

Decision of MDT meeting

Date:	
Routine	<input type="checkbox"/>
Urgent	<input type="checkbox"/>
Refer back to Outpatients	<input type="checkbox"/>

Signature	Print	Date

Day Case Criteria for angiography and Intervention

	Yes	No
Responsible, fit adult to stay with patient for 24 hours after the procedure		
Access to telephone at the discharge address		
Lives within 30minutes drive of hospital		
Usual systolic BP <180		

Lab Results

INR	eGFR	Creatinine	Hb	Date of Test
				MRSA screen date
				Positive <input type="checkbox"/>
				Negative <input type="checkbox"/>



Heart Disease	Yes	No	Further Details	
Do you get chest pain or become breathless climbing two flights of stairs?				
Do you suffer with angina?				
Have you had a heart attack? If 'yes' please give year				
Are you currently being treated for an irregular heart beat?				
Are you able to lie flat (with pillows)?				
Do you have a pacemaker or implanted defibrillator?				
Have you had a cardiac valve replacement?			If Yes	Mechanical <input type="checkbox"/>
				Organic <input type="checkbox"/>

Pre Admission				
General				
Investigations				
Hb	<input type="checkbox"/>			
INR	<input type="checkbox"/>			
U&Es	<input type="checkbox"/>			
MRSA	<input type="checkbox"/>			
Patients taking warfarin or phenidone - print "nd INR request and arrange test within 24hours prior to procedure				<input type="checkbox"/>
Name of Dr/Nurse (please print)		Signature		Date

Baseline Observations / Health Screen			
Pulse rate	Pulse regular []	Pulse irregular []*	
Blood pressure	>170/100*	Can the patient transfer independently Yes [] No []*	
Signature:	Name (print):	Date:	Band:
Weight =	Height =	BMI=	
Admission MTS (for all patients >75 years)			
1. Age	5. Monarch	9. Time	
2. DOB	6. 20 - 1	10. Year	
3. Place	7. recognise 2 people	Total /10	
4. WW1 or 2	8. Short address recall	(GP Letter if less than 6)	





Short Nursing Assessment Record			
to be filled in by POA if patients stay is predicted to be less than 48 hours			
Full nursing assessment record to be completed by POA for any patient predicted to stay more than 48 hours, or if triggered by patient's health care needs <input type="checkbox"/>			
Social circumstances and discharge planning: Any possible cause for delay identified by either the nurse or patient Yes <input type="checkbox"/> No <input type="checkbox"/> Action to be taken (if any)			
Nutrition Assessment Risk: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Score Action taken:			
Musculoskeletal - mobility and maintaining a safe environment Is patient independently mobile? Yes <input type="checkbox"/> No <input type="checkbox"/> If no complete manual handling assessment <input type="checkbox"/>			
Skin inspection Any evidence of skin damage Yes <input type="checkbox"/> No <input type="checkbox"/> If yes complete skin inspection assessment <input type="checkbox"/>			
Falls Risk Assessment			
Does the patient have a history of falls	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Stability concerns	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Impaired judgement	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Impaired vision	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above - complete fall assessment		<input type="checkbox"/>	
Pain Assessment			
Does the patient have and pain	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes complete pain assessment		<input type="checkbox"/>	
Signed	Print name		
Date	Band		
Full nursing assessment record to be completed by ward staff for any patient who has had the Short Nursing Assessment completed by POA, but then their stay exceeds 48 hours			





Guidelines for Aftercare		
	Reduced recovery	Standard recovery
Patient to lie flat in bed for:	1 hour	2 hours
Patient to stay in bed, but can sit up for further	1 hour	2 hours
Monitor and record BP, P, Resps., puncture site and peripheral circulation	Every 15 min for 2 hours	Every 15 min for 2 hours then every 30 min for a further 2 hours
Patient can mobilise gently	After 2 hours Recheck and record vital signs and puncture site after 30 min	After 4 hours Recheck and record vital signs and puncture site after 30 min and then according to care plan
Patient can be discharged unless there is cause for concern and radiologist or medical team agree	After 3 hours	Next morning

A doctor from the vascular team should be called immediately
In the event of the following signs and symptoms arising

- A Haematoma developing around the puncture site
- Change in size and shape of haematoma
- Falling blood pressure
- Weak or racing pulse
- Feeling faint, nauseous, clammy and short of breath

This is high pressure arterial bleeding therefore the following measures should be adopted

Pressure should be applied with gloved hands to the puncture site for a minimum of 10 min

Pressure through a pad is ineffective. A thick dressing or cold compress is also ineffective

The patient's head should be lowered (i.e. the patient should not be sitting up)

Practitioner handing over	
Signature	Name (please print)
Practitioner receiving patient	
Signature	Name (please print)

Observations Post Procedure - Use Early Warning chart for vital signs monitoring

Use chart below for monitoring puncture site and peripheral circulation

Time																			
Puncture site																			
Warmth R																			
Warmth L																			
Colour R																			
Colour L																			

Discharge Criteria

Puncture site bleeding stopped	
Instructions given regarding restarting anticoagulants / antiplatelets	
If patient taking Metformin, send bloods for U&Es and instruct GP to check if normal eGFR restart Metformin 48 hours post procedure	
Patient has aftercare leaflet (attached to ICP)	

Discharge

Drs letter	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TTO's	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>





