



PATIENT LABEL

**ISLAND HEALTH CARDIAC CATHETERIZATION
NURSING CHECKLIST**

To be completed by the most responsible nurse (MRN) at referring hospital.

| CONCERN | YES | NO | EXPLAIN |
|--|-----|----|--|
| Has MOST status been addressed? | | | |
| Can the patient tolerate lying flat? | | | |
| Is the patient orientated and cooperative? | | | |
| Language barriers? Interpreter arranged? | | | |
| Does the patient have a risk of violence? | | | |
| Is the patient aware of why the procedure is being completed and agreed to proceed? | | | |
| Mobilizes independently? (cane, walker, etc.) | | | |
| Received anti-platelets? Send all MARs and original documentation of loading doses | | | Ticagrelor/Plavix (circle) Loading Dose_____ Date_____ ASA loading dose_____ Date_____ |
| Have oral anti-coagulants been stopped? (drug, last dose? i.e. Warfarin/NOACs) | | | |
| Does patient have allergy to contrast dye or ASA? | | | (notify physician immediately if ASA allergy) |
| Renal insufficiency? (recent GFR) | | | |
| Is patient diabetic? | | | |
| Does the patient consume alcohol? (last intake) | | | |
| Isolation precautions? (droplet vs. contact) | | | |
| Patient/family aware of potential discharge from RJH and are responsible for transportation/costs to get home? | | | Copy of CSS visitor policy has been given to patient and their family_____ Patient must be aware to stay one night in Victoria (accompanied) if discharged same day as procedure |
| Patient education given re: angio/plasty | | | Patient Handout: Getting Ready for your Cardiac Catheterization Procedure (on island health public website) |

RN Signature: _____ Date: _____

Please ensure patient brings dentures, glasses, hearing aids, clothing and identification.