# Cardiac Catheterization / Percutaneous Intervention - Pre and Post Op. Care -

**Purpose**

To provide a standard process for pre and post cardiac catheterization and/or percutaneous intervention patient care.

**Applicability**

This policy and procedure applies to Edmonton Acute Care patient care provider staff.

## Procedure

### 1.0 PATIENT TEACHING

1.1 Ensure both visual and verbal teaching resources are provided as per unit resources.

### 2.0 PATIENT PREPARATION

2.1 Utilize the "Pre Cardiac Catheterization / Percutaneous Coronary Intervention / EPS Checklist form - see Appendix A - to ensure that all preparation steps are completed. **Place the completed Checklist form at the front of the patient chart when the patient is sent to the Cath Lab.**

2.2 Patient may have a light breakfast. NPO 2 hours before procedure.

### 3.0 TRANSPORTATION

3.1 All patients are to be transported by ACLS or BLS ambulance.

3.2 Ensure entire chart accompanies the patient.

### 4.0 POST CATHETERIZATION / PCI

4.1 Refer to Appendix B.

**References**

CCU Protocols Mazankowski Procedures, Angio Prep, August 2010


**Revision**

May 9, 2006
Pre Cardiac Catheterization/Percutaneous Coronary Intervention/EPS Checklist
(form can be ordered through DataGroup - form #CV-0463)

☐ Cardiac Catheterization Request form completed and faxed
   Appointment: Date _______________ Time _____________ UAH / RAH (please circle one)
   Transport: Date _______________ Time _____________ ALS / BLS (please circle one)

☐ Next of kin notified

PRE-CATHETERIZATION / PCI

Preparation:
☐ Consent signed
☐ Allergies/Adverse Reaction Record up to date with height and weight
☐ Allergy and ID bands on
☐ ECG/Lab results on chart: CCU patient within 48 hours, Elective patient within 1 month
   ____ 12 lead ECG   ____ Creatinine   ____ K+   ____ PTT/INR   ____ Hgb   ____ Platelets
☐ Patient teaching done
☐ Bilateral dorsalis pedis and posterior tibialis pulses marked
☐ Bilateral groins clipped using surgical clipper (wrist as needed)
☐ Saline lock #18 or #20 gauge with extension left arm preferred (if previous CABG initiate IV in Right arm) if possible

Day of Procedure:
☐ NPO 2 hours prior (Last ate at ________________________________)
☐ Transfer report printed from Metavision
☐ Current Medication Administration Record (MAR) in chart
☐ Patient may have reading glasses, hearing aids and dentures (contacts removed)
☐ Is patient on O₂?  Yes____  No ____
☐ Patient can lay FLAT for more than 30 minutes

Medications:
(Refer to MAR)
☐ Diabetic:  Type ____________
  ☑ Last Chemstrip: Date ___________ Time ___________ Result ___________

Anticoagulation: such as UFH, LMWH, Anti-platelet medication
  ☑ Type ____________________________ Last dose ____________________________
  ☑ Type ____________________________ Last dose ____________________________
APPENDIX B

POST CATHETERIZATION/PCI

On arrival:
- Place patient on cardiac monitor
- O₂ Sat probe attached to limb used for angiography
- Ensure patent IV
- Check physician orders for IV fluid, diet, and time of removal of femoral sheath or release of radial compression device, anticoagulation/antiplatelets orders
- 12 lead ECG post PCI
- Do V/S and assessments q15 min x 4
- Do V/S and assessments q30 min until removal of sheath or release of radial compression device

<table>
<thead>
<tr>
<th>Radial</th>
<th>Femoral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment includes</td>
<td>V/S</td>
</tr>
<tr>
<td></td>
<td>Check compression device position and mark position on strap/band</td>
</tr>
<tr>
<td></td>
<td>Check site and Radial pulse</td>
</tr>
<tr>
<td></td>
<td>CSMT</td>
</tr>
<tr>
<td></td>
<td>Circulation check</td>
</tr>
<tr>
<td>Activity</td>
<td>Keep hand elevated</td>
</tr>
<tr>
<td></td>
<td>No flexion/extension of wrist</td>
</tr>
<tr>
<td></td>
<td>No lifting</td>
</tr>
<tr>
<td>Release/Removal</td>
<td>Release per device instructions</td>
</tr>
<tr>
<td></td>
<td>V/S q15 min x4 q30 min x2 then per unit policy</td>
</tr>
<tr>
<td></td>
<td>Leave on 1 hour post release</td>
</tr>
<tr>
<td></td>
<td>No flexion/extension of wrist x 8 hours</td>
</tr>
<tr>
<td></td>
<td>Keep elevated x 8 hours</td>
</tr>
<tr>
<td></td>
<td>No lifting</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebleed</td>
<td>If still on retighten compression device to original mark</td>
</tr>
<tr>
<td></td>
<td>If no device manual pressure x15 min AT THE SITE then reassess</td>
</tr>
<tr>
<td></td>
<td>V/S &amp; assessments resume q15 min x4 then q30 min x2</td>
</tr>
</tbody>
</table>