PRE-PROCEDURE CHECKLIST

Ht.: ___________    Wt.: ___________  kg/lb

Allergies: ________________________________________________________________

Describe allergic reaction: __________________________________________________

Location of Patient’s family during procedure:  Pt. room  Unit waiting room  Cath lab waiting room

A. PREPROCEDURE TESTS/PREPARATION

1. Lab work obtained; Results in chart
2. Most recent CS result
3. EKG obtained per MD order/policy
4. Bilateral groin prep complete
5. Sheaths present  R  L  N/A
6. Pulses marked

B. PATIENT CHART COMPLETED

1. MD pre-procedure evaluation completed
2. Consent signed by patient/MD/witness
3. Patient ID card, MARs in chart

C. DAY OF PROCEDURE

1. Pre-meds given per MD order
2. ID band present (number matches card)
3. Patient voided/catheterized/condom cath on call
4. Patient wearing ONLY clean hospital gown (no metal snaps)
5. Heparin _______  u/hr;  of at _________
6. IV fluids/medication

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<tr>
<th>IVF/Meds</th>
<th>Rate/Dose</th>
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7. Valuables:  Family  Room  Patient
8. NPO status maintained since
9. Vital Signs:  Time  B/P  P  R  T  Rhythm
10. O₂  _______  NC  FM  SaO₂  _________
11. Comments:  _____________________________________________________________

D. BRIEF HISTORY OF CURRENT ILLNESS

1. Diabetic:  IDDM  NIDDM  N/A
2. Comments:  _____________________________________________________________