Nursing

Pre-Sheath Removal Diet	
] Pre-Sheath Removal Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
emoral - Sheath Removal	
] Closure Devices	
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	
[] Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
[] Patient Education Prior to Sheath Removal ar Discharge	
 Patient education prior to post-sheath removal 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Sign and symptoms, Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activi and Limitations and site care., Post-op
[] Post Procedure Assessment	
[] Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, C 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q x4 unless otherwise ordered by the physician., Post-op
[] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
] Manual Pressure	
 The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg. 	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op

[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath
	may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
	infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs,
of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
	hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	
[] Bed rest times following Procedure using fem	
access are: (Must Select One) (Single Respo (Selection Required)	nse)
() Patient was treated with a 4 French	Routine, Until discontinued, Starting S
catheter. Minimum 15 minutes of pressure	Patient may bend unaffected leg. Use urinal or bedpan as needed.,
at site/Bedrest required minimum of 2	Post-op
hours.	·
() Patient was treated with a 5 French	Routine, Until discontinued, Starting S
catheter. Minimum 15 minutes of pressure	Patient may bend unaffected leg. Use urinal or bedpan as needed.,
at site/Bedrest required minimum of 3	Post-op
hours.	Deutine, Hetildissertieured, Otertiere O
() Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15	Routine, Until discontinued, Starting S
minutes of pressure at site for	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
Diagnostic/Bedrest required minimum of 4	
hours.	
() Patient was treated with a 7 French or	Routine, Until discontinued, Starting S
greater catheter. Minimum 25 minutes of	Bedrest required minimum of *** hours. Keep affected leg straight.
pressure at site/Bedrest required minimum	Patient may bend unaffected leg. Use urinal or bedpan as needed.,
of *** hours.	Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal.
	Provide patient post-sheath removal instructions to include reports of
	warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S
	Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation
	counseling
	Specify: Patient education prior to discharge.
	Provide discharge instruction on emergent physician contact/symptom reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
	and Limitations and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include
	verified ACT results of less than 160 or within parameters ordered by
	physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences
	Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences
La	Assess for signs and symptoms of hematoma or other vascular
	compromise distal to site on arrival unless otherwise ordered by the
	physician.
	If hematoma is present, mark on skin surface and complete hematoma
	documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
	Patient transferred with Sheaths left in place., Post-op

[] Apply hemostatic patch		Routine, Until discontinued, Starting S
for hematoma, distal pu		Apply pressure proximal to site, place patch over site, slowly remove
		sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths pres		Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal		
[] Vital signs after sheath	removal	Routine, Every 15 min
		Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
		Post-op
 [] Assess post-sheath cat 		Routine, Every 15 min For 4 Occurrences
		Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Site care		Routine, Once
		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze
] Compression Systems (Sin	alo Posponso)	and transparent dressing., Post-op
() C-clamp (Selection Requ		
		Routine, Until discontinued, Starting S, prior to sheath removal of a
[] The physician must be sheath removal of a sys pressure >160mmHg.		systolic blood if pressure >160mmHg., Post-op
[] Remove sheath		Routine, Once For 1 Occurrences
		when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be of complications.	notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity Post Sheath Re		
(Selection Required)		
[] Bed rest times following	ng Procedure using femo	oral artery
access are: (Must Sel	ect One) (Single Respon	nse)
(Selection Required)		
 Patient was treated v catheter. Minimum 1 at site/Bedrest requir hours. 	5 minutes of pressure	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated v	with a 5 French	Routine, Until discontinued, Starting S
	5 minutes of pressure	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated v	with a 6 French	Routine, Until discontinued, Starting S
catheter. Minimum 2 minutes of pressure Diagnostic/Bedrest re	0 minutes for PCI/15	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
hours. () Patient was treated v	with a 7 French or	Routine, Until discontinued, Starting S
greater catheter. Min		Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	r to Sheath Removal and	Hospital
Discharge		

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[]	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient
		Education for: Other (specify), Activity
		Specify: Patient education prior to post sheath removal.
		Provide patient post-sheath removal instructions to include reports of
		warmth, moistness, swelling, numbness or pain at insertion site.,
r 1	Patient education prior to discharge	Post-op Routine, Prior to discharge, Starting S
[]	Patient education phot to discharge	Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
1	Pre-Sheath Removal	Activity and Limitations and site care., Post-op
<u>, </u>	Vital signs prior to sheath removal	Routine, Every 15 min
	· ····· •··9···• •···• •···• •···• •···•	Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
		every 4 hours., Post-op
[]	Assist patient to void	Routine, Once For 1 Occurrences
. 1		Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma
		documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
		Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained
		staff in the Cath Lab setting., Post-op
]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min
		Vital signs after sheath removal - Obtain base line vital signs, include
		verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q
		1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences
[]	Assess post-sheath dath she	Assess site for signs and symptoms of a hematoma or other vascular
		compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
		Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once
11		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
	emostop	and transparent dressing., Post-op
] .	emostop The physician must be notified prior to sheath removal of a systolic blood if	

[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op
 Activity Post Sheath Removal-Femoral Approa (Selection Required) 	ch
 Bed rest times following Procedure using fem access are: (Must Select One) (Single Respo (Selection Required) 	
 Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient Education Prior to Sheath Removal and Discharge 	d Hospital
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op

[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the
		physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[]	Patient transferred with sheaths left in place	e Routine, Until discontinued, Starting S
[]	Apply homostatic patch after accomment	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S
[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
		Routine, Once
[]	Site care	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
dial	- Sheath Removal	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
dial ·	- Sheath Removal ial Compression Device (Selection Required)	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
dial Rad] N p	- Sheath Removal	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
dial Rad] N p	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
dial Rad] N p] R	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg.	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat
dial - Rad] N p p] R] T o	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. temove sheath he physician must be notified for any signs f complications.	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) inf usion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous
dial - Rad] N p p] R] T o] P D	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. temove sheath	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or
dial - Rad] N p p] R] R] T o] P [] P	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. temove sheath he physician must be notified for any signs f complications.	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
dial - Rad] N p p] R] T o] P [] P [] P [R	- Sheath Removal ial Compression Device (Selection Required) IOTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. temove sheath he physician must be notified for any signs f complications. Place/Maintain Sequential Compression revice following Manufacturer isert/instructions.	Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) inf usion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op

 2 hours after Radial Compression Device applied deflate 3cc 	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
 Patient education prior to post-sheath removal 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal (Selection Required)	
[] Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Peripheral vascular assessment - Monitor access site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
[] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op

[]	Site care	Routine, Once Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
[]	No blood pressure readings, lab draws, or	Routine, Until discontinued, Starting S
	IV access	No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
Π	Limit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S
11	procedure	IF needed, place wrist on arm board to restrict movement., Post-op
[]	•	Routine, Until discontinued, Starting S
	arrival in recovery area.	Specify: Other activity (specify)
		Other: Patient may ambulate 30 minutes after arrival in recovery area.
1 14	anual Braggura, without Badial Compression	Post-op
-	anual Pressure - without Radial Compression [The physician must be notified prior to	Routine, Until discontinued, Starting S, prior to sheath removal of a
	sheath removal of a systolic blood if	systolic blood if pressure >160mmHg., Post-op
	pressure >160mmHg.	
[]	Remove sheath	Routine, Once For 1 Occurrences
		when ACT less than 160 or within physician specified parameters. Sheath
		may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
[]	The physician must be notified for any signs	infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs,
	of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
		hematoma formation, or signs of complications., Post-op
	Patient Education Prior to Sheath Removal an	nd Hospital
	Discharge	
[]	Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
	removal	Patient/Family: Patient Education for: Other (specify), Activity
		Specify: Patient education prior to post sheath removal.
		Provide patient post-sheath removal instructions to include reports of
		warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S
		Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
[]	Pre-Sheath Removal	and Limitations and site care., Post-op
	Vital signs prior to sheath removal	Routine, Every 15 min
[]	vital signs pilor to sheath terrioval	Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
		every 4 hours., Post-op
[]	Assist patient to void	Routine, Once For 1 Occurrences
[]	Access are shooth onth site	Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma
	Definition familiate de la Color	documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Rationt transformed with Shooths left in place. Post on
		Patient transferred with Sheaths left in place., Post-op

	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove
	tor hematoma, dista puises.	sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[] /	Antegrade sheaths present	Routine, Until discontinued, Starting S
	5	Antegrade sheath must be pulled by Physicians or appropriately trained
		staff in the Cath Lab setting., Post-op
] P	ost-Sheath Removal	
[] `	Vital signs after sheath removal	Routine, Every 15 min
		Vital Signs after sheath removal - Obtain base line vital signs, include
		verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q
		1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
		Post-op
	Notify physician of bleeding and/or loss of	Routine, Until discontinued, Starting S, Notify physician of bleeding
	pulses.	and/or loss of pulses., Post-op
[] :	Site care	Routine, Once
		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
	No blood pressure readings, lab draws, or	Routine, Until discontinued, Starting S
I	IV access	No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[]	Limit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S, Post-op
	procedure and keep wrist straight for 48 hrs.	Routine, Ontil discontinued, Starting 6,1 0st-op
	Patient may ambulate 30 minutes after	Routine, Until discontinued, Starting S
	arrival in recovery area.	Specify: Other activity (specify)
	-	Other: Patient may ambulate 30 minutes after arrival in recovery area.
		Post-op