Location: _____

General
Nursing
Femoral - Sheath Removal

☐ **Closure Devices**

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity** (Required)

☑ **Patient was treated with a closure device.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, 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.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

☐ **Manual Pressure**

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal if systolic blood pressure is >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, 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.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity Post Sheath Removal-Femoral Approach** (Required)

☑ **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **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.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, 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.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, 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.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, 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.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, 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.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

☐ **Compression Systems**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **C-clamp** (Required)

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, 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.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity Post Sheath Removal-Femoral Approach** (Required)

☑ **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **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.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, 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.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, 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.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, 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.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, 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.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

○ **Femostop**

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, 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.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication.

☑ **Follow Femostop manufacturer's guidelines in package insert.** Until discontinued, Post-op, Routine

☑ **Activity Post Sheath Removal-Femoral Approach** (Required)

☑ **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **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.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, 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.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, 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.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, 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.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, 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.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

Radial - Sheath Removal

☐ **Radial Compression Device** (Required)

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal if systolic blood pressure is >160mmHg.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, 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.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Place/Maintain Radial Compression Device** Continuous, Post-op, Routine, Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed.
Radial Band
Side: Bilateral
Select Sleeve(s):

☑ **Progressive cuff deflation** (Required)

○ **Diagnostic Procedures only** (Required)

☑ **30-60 minutes after Radial Compression Device applied** Until discontinued, Post-op, Routine, Begin deflating 1-3cc of air from cuff after 30-60 minutes from application. If no bleeding occurs from site, deflate 1-3cc of air from the Radial Compression Device every 5-15 minutes until all air is completely removed. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 15 minutes, then restart releasing 1-3cc of air every 5-15 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Monitor access site and extremity distal to puncture wound** Until discontinued, Post-op, Routine, every 15 minutes until Radial Compression Device is removed.

☑ **Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.** Until discontinued, Post-op, Routine, If any of these are present, notify the procedural Cardiologist.

○ **Interventional Procedures only** (Required)

☑ **2 hours after Radial Compression Device applied deflate 3cc** Until discontinued, Post-op, Routine, if no bleeding at site, deflate 1-3cc every 10-15 minutes until all air removed from cuff. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 30 minutes then restart releasing 1-3cc of air every 10-15 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Evaluate access site for bleeding as follows:** Until discontinued, Post-op, Routine, every 15 minutes x 4; every 30 minutes x2; and every hour x2.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, 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.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, 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.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, 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.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Radial Approach** (Required)

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.

☑ **Peripheral vascular assessment - Monitor access site** Every 15 min, Post-op, Routine, Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed.

☑ **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☑ **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.

☑ **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.

☑ **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, S, Post-op, Routine
Specify: ○ Other activity (specify)
Other: Patient may ambulate 30 minutes after arrival in recovery area.

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

☐ **Manual Pressure - without Radial Compression Device**

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, 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.

☑ **Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [x] **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, 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.
- [x] **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.
- [x] **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, 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.
- [ ] **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.
- [ ] **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, 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.
- [ ] **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

- [x] **Post-Sheath Removal**
  - [x] **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, 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.
  - [x] **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.
  - [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
    Site: ○ catheter site
  - [x] **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.
  - [x] **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.
  - [x] **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, Post-op, Routine
    Specify: ○ Other activity (specify)
    Other: Patient may ambulate 30 minutes after arrival in recovery area.
  - [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
    Pulses to assess: ○ Distal
    Side:
  - [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
    Assessment to Perform:

Medications
VTE
Labs
Cardiology
Imaging
Other Studies
Respiratory
Rehab
Consults
For Physician Consult orders use sidebar
Additional Orders
Discharge
Discharge Order

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Discharge patient when criteria met** Once, Scheduling/ADT, Routine
Discharge Criteria:
Clearing specialty:
Provider Group:
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Discontinue tubes/drains

☐ **Remove Foley catheter** Once, Scheduling/ADT, Routine

☐ **Discharge home with Foley catheter** Once, Scheduling/ADT, Routine

☐ **Discontinue IV** Once, 1, Occurrences, 1, Scheduling/ADT, Routine

☐ **Deaccess port**

☐ **Deaccess Port-a-cath** Once, Routine

☐ **HEParin, porcine injection 100 units/mL flush** once

Discharge Activity

☐ **Activity as tolerated** Until discontinued, 1, Scheduling/ADT, Routine

☐ **Lifting restrictions** Until discontinued, 1, Scheduling/ADT, Routine, No lifting over 10 pounds.

☐ **Shower instructions:** Until discontinued, Scheduling/ADT, Routine, May remove large dressing and shower the day after procedure/do not remove Steri-strips. ***

☐ **Discharge activity** Until discontinued, Scheduling/ADT, Routine

☐ **Other restrictions (specify):** Until discontinued, 1, Scheduling/ADT, Routine, ***

Wound/Incision Care

☐ **Discharge wound care** Once, Scheduling/ADT, Routine, May remove large dressing the day after procedure/do not remove Steri-strips. ***

Discharge Diet - REQUIRED

☐ **Discharge Diet** Diet effective now, Scheduling/ADT, Routine
Discharge Diet:

Patient to notify physician

☐ **Call physician for:** Until discontinued, Scheduling/ADT, Routine, Temperature greater than 100.5

☐ **Call physician for: Persistent nausea or vomiting** Until discontinued, Scheduling/ADT, Routine

☐ **Call physician for: severe uncontrolled pain** Until discontinued, Scheduling/ADT, Routine

☐ **Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)** Until discontinued, Scheduling/ADT, Routine

☐ **Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness** Until discontinued, Scheduling/ADT, Routine

Discharge Education

☐ **Nurse to provide discharge education** Once, Scheduling/ADT, Routine
Patient/Family: ○ Both
Education for: ○ Other (specify)
Specify: Nurse to provide patient education

Discharge Instructions

☐ **Additional discharge instructions for Patient** Once, Scheduling/ADT, Routine, ***

☐ **Discharge instructions for Nursing- Will not show on AVS** Once, Scheduling/ADT, Routine, ***

Place Follow-Up Order

☐ **Follow-up with me** Until discontinued, Scheduling/ADT, Routine
Follow up with me:
Clinic Contact:
Follow up in:
On date:
Appointment Time:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____