Hôpital St-Boniface Hospital

Pre-Op Angiogram / Angioplasty / Stent Checklist

Allergies:

Height _____ cm Weight _____ kg

Send copies of most recent ECG & bloodwork (i.e. last 24h).

Contact Access Office if:

- white blood cell count less than 4.5x10E⁹/L or increased related to infectious process;
- hemoglobin less than 100g/L or patient actively bleeding;
- international normalized ratio greater than 1.7;
- potassium less than 3.5 or greater than 5.1mmol/L;
- platelets less than 100x10 E⁹/L

Ensure copy sent with patient:

- complete history and physical;
- medication administration record;
- Care Alert

Clear fluids 4 hours prior to procedure Time _____

Vital signs:

☐ Heart rate _____ Blood Pressure _____

Respiratory Rate _____ SPO2 _____

Temperature _____

Date: D D M M M Y Y Y Y Time: 24 HOUR

Diabetic patients: Accucheck_____ @

Date: D D M M M Y Y Y Y Time: 24 HOUR

If blood glucose less than 5 or greater than 18mmol/L contact attending MD.

If patient has nitroglycerin spray ordered, send with patient.

Establish intravenous (IV), LEFT arm preferred.

Leave hearing aides, glasses, and dentures in place. Remove all jewellery.

Ensure bladder empty.

ASA:

last dose _____mg @

Date: D D M M M Y Y Y Y Time: 24 HOUR

PHYSICIAN ORDER REQUIRED FOR FOLLOWING

Give all medications unless otherwise directed

Subcutaneous insulin **suggested** schedule:

BEDTIME prior to procedure: half the usual dose long-acting insulin and full dose short-acting insulin.

MORNING suggested schedule: give ½ the usual total dose of long acting insulin only.

☐ Ticagrelor or ☐ Clopidogrel:

last dose _____mg @

Date: D D M M M Y Y Y Y Time: 24 HOUR

IV hydration running @_____mL/hr started @

Date: D D M M M Y Y Y Y Time: 24 HOUR

Anticoagulant

If on Apixiban: Hold 48 hours **prior** to the procedure if estimated glomerular filtration rate (eGFR) > 50 mL / min.
Hold 96 hours **prior** to procedure if eGFR 30-50 mL / min

If on Dabigatran: Hold 48 hours **prior** to procedure if eGFR > 50 mL / min.
Hold 96 hours **prior** to procedure if eGFR 30-50 mL / min

If on Rivaroxaban: Hold 48 hours **prior** to procedure.

If on warfarin: Hold for 4 days pre-procedure

Name of Medication:

_____

last dose _____mg @

Date: D D M M M Y Y Y Y Time: 24 HOUR

INR _____ @

Date: D D M M M Y Y Y Y Time: 24 HOUR

LEGEND: echo = echocardiogram
ECG= electrocardiogram
CT= computer tomography
MRI= magnetic resonance imaging
PPM= permanent pacemaker
ICD= implantable cardioverter defibrillator
CRT-P= cardiac resynchronization therapy pacemaker
CRT-D= cardiac resynchronization therapy defibrillator

Completed by: _____ Date: D D M M M Y Y Y Y Time: 24 HOUR