

# POST CATH LAB AND POST EP LAB REPORT SHEET

Name: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Code Status: \_\_\_\_\_

Room: \_\_\_\_\_  
 ETA: \_\_\_\_\_  
 Service: Cath Lab / EP Lab  
 Family Aware of Transfer Y / N  
 If not, Why? \_\_\_\_\_

- |  |  |                                       |                                     |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Inpatient       | <input type="checkbox"/> Admission           | <input type="checkbox"/> Recovery     |                                     |
| <input type="checkbox"/> EP Study        | <input type="checkbox"/> ICD                 | <input type="checkbox"/> PPMI         | <input type="checkbox"/> Ablation   |
| <input type="checkbox"/> Diagnostic Cath | <input type="checkbox"/> Right Heart Cath    | <input type="checkbox"/> Biopsy       | <input type="checkbox"/> ASD/PFO    |
| <input type="checkbox"/> PCI:            | <input type="checkbox"/> Balloon angioplasty | <input type="checkbox"/> Stent        | <input type="checkbox"/> Rotoblator |
|  | <input type="checkbox"/> Atherectomy         |                                       |                                     |
| CARDIAC VESSEL:                          | <input type="checkbox"/> RCA                 | <input type="checkbox"/> LAD          | <input type="checkbox"/> LCX        |
|  | <input type="checkbox"/> Graft               | <input type="checkbox"/> Other: _____ |                                     |
| PERIPHERAL VESSEL:                       | <input type="checkbox"/> SFA                 | <input type="checkbox"/> R L          | <input type="checkbox"/> ILIAC R L  |
|  | <input type="checkbox"/> OTHER _____         |                                       |                                     |

**ACCESS SITE:**  FEMORAL R L  OTHER \_\_\_\_\_  
 ART SHEATH PRESENT  X \_\_\_\_\_ Art line connected   
 VENOUS SHEATH PRESENT  X \_\_\_\_\_  
 Manual Hold  Mechanical Hold  
 Closure Device:  Angioseal  Perclose

**Vitals:** B/P \_\_\_\_\_ HR \_\_\_\_\_ O2 sat: \_\_\_\_\_ @ \_\_\_\_\_ L/M  
 Mental Status: \_\_\_\_\_ Pain Status (Time/Score) \_\_\_\_\_

**DRIPS:** 0.9 NACL @ \_\_\_\_\_ ml/hr x \_\_\_\_\_ hrs  Nitro @ \_\_\_\_\_ mcg/min  
 Heparin @ \_\_\_\_\_ units/hr  Integrilin @ \_\_\_\_\_ ml/hr x \_\_\_\_\_ hrs  
 Reopro @ \_\_\_\_\_ ml/hr x \_\_\_\_\_ hrs

**MEDICATIONS GIVEN** \_\_\_\_\_

**COMMENTS/PLAN:**

**CBR  
UNTIL:**

STAFF PHYSICIAN: \_\_\_\_\_ CARE PROVIDER( print) \_\_\_\_\_  
 FELLOW: \_\_\_\_\_ CALL BACK PHONE # \_\_\_\_\_

**NOT PART OF PATIENT'S PERMANENT RECORD**