

Our Lady's Children's Hospital, Crumlin , Dublin 12



Place Patients Addressograph

Here

Intra-Operative Nursing Record for Hybrid Cardiac Catheterisation Laboratory

Date:	Procedure:		
Scrub Nurse:	Relief:	Time:	
Circulating Nurse:	Relief:	Time:	
Anaesthetic Nurse:	Relief:	Time:	
<input type="checkbox"/> Elective <input type="checkbox"/> Emergency <input type="checkbox"/> Additional			

SKIN CONDITION	POSITION	PROTECTIVE DEVICES
<input type="checkbox"/> Intact <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Red <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Broken Site: _____ Other: _____ Comment: _____ _____ _____ _____ _____	<input type="checkbox"/> Supine <input type="checkbox"/> Both arms up <input type="checkbox"/> Both arms on-the-side <input type="checkbox"/> Prone <input type="checkbox"/> Right Lateral <input type="checkbox"/> Left Lateral <input type="checkbox"/> Trendelenburg <input type="checkbox"/> TOE probe <input type="checkbox"/> No pressure on Brachial nerve Comment: _____ _____ _____ _____ _____	<input type="checkbox"/> Jelly Mattress <input type="checkbox"/> Head Ring <input type="checkbox"/> Gel Pads <input type="checkbox"/> Arm Boards <input type="checkbox"/> Gamgees <input type="checkbox"/> Pillows <input type="checkbox"/> Blanket <input type="checkbox"/> Elbow Skis <input type="checkbox"/> Heel Pads Comment: _____ _____ _____ _____ _____

SKIN PREPARATION	SKIN PUNCTURE/APPROACH	ELECTROSURGERY EQUIPMENTS										
SITE: <input type="checkbox"/> Right Groin <input type="checkbox"/> Left Groin <input type="checkbox"/> Right Jugular Area <input type="checkbox"/> Left Jugular Area OTHERS: _____ <input type="checkbox"/> ChloraPrep <input type="checkbox"/> Chlorhexidine Alcohol Solution <input type="checkbox"/> Chlorhexidine Aqueous Solution <input type="checkbox"/> Povi-Iodine Alcohol Solution <input type="checkbox"/> Povi-Iodine Antiseptic Solution <input type="checkbox"/> Saline Solution OTHER: _____	INTRODUCERS/SHEATHS <table border="1"> <thead> <tr> <th>TIME-IN</th> <th>TIME-OUT</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>3.</td> </tr> <tr> <td>4.</td> <td>4.</td> </tr> </tbody> </table> APPROACH: <input type="checkbox"/> Venous <input type="checkbox"/> Arterial ROUTES: <input type="checkbox"/> Femoral <input type="checkbox"/> Brachial <input type="checkbox"/> Jugular <input type="checkbox"/> Radial <input type="checkbox"/> Umbilical Other: _____ _____	TIME-IN	TIME-OUT	1.	1.	2.	2.	3.	3.	4.	4.	<input type="checkbox"/> Plasma Blade <input type="checkbox"/> Monopolar <input type="checkbox"/> Bipolar Electrode Pad Site: <input type="checkbox"/> Thigh <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Buttocks <input type="checkbox"/> Sacrum OTHER: _____ _____
TIME-IN	TIME-OUT											
1.	1.											
2.	2.											
3.	3.											
4.	4.											

TRACEABILITY RECORD

Pease make sure that all medical devices/products traceable are recorded.

(Devices, Stents, Balloons, Coils, Catheters, Wires, Sheath, Needles, Raytecs etc.)

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MEDICAL DEVICES/PRODUCTS

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SURGICAL COUNTS

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Here

ITEMS	COUNTS					TOTAL	SIGNATURE	
	Pre-count	Additional			Final Count		Scrub Nurse	Circulating Nurse
Raytec 10 X 10								
Raytec 30 X 30								
Cooks Needle								
Introducer								
Leader Catheter								
Sutures								
Blades								
Suture Boots								
Cotton Balls								
Hypodermic Needles:								
Green								
Blue								
Orange								
Pink								
Slings								
Cardiac Snuggers								
Others:								

FINAL COUNT COMPLETE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cardiologist/Operator Informed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason:		
Notified By:		

PATIENT'S SKIN CONDITION ON LEAVING THE LABORATORY	
<input type="checkbox"/> Intact	<input type="checkbox"/> Red <input type="checkbox"/> Broken
Description/Site: _____	
Reported To: _____	
Intervention/Treatment: _____	
WOUND CLOSURE	WOUND DRESSING
<input type="checkbox"/> SUTURE: <input type="checkbox"/> Absorbable <input type="checkbox"/> Non-absorbable <input type="checkbox"/> Steri-strips <input type="checkbox"/> Skin Glue <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Plain Gauze <input type="checkbox"/> Tegaderm <input type="checkbox"/> Mepore <input type="checkbox"/> Elastoplast <input type="checkbox"/> Pressure Dressing <input type="checkbox"/> Safeguard Dressing Site: <input type="checkbox"/> Right Groin <input type="checkbox"/> Right Groin <input type="checkbox"/> Right Jugular Area <input type="checkbox"/> Left Jugular Area
Patient Transferred to:	Mode of Transfer
<input type="checkbox"/> RR <input type="checkbox"/> PICU <input type="checkbox"/> Ward OTHER: _____	<input type="checkbox"/> Trolley <input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Wheelchair OTHER: _____

